

CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 20, 1993

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**Tanna puts
request for
EGM to NPA**

**More Selected
List additions
due in January**

**Update: tinnitus
and urine testing**

**How will FHSAs
shape up in '95?**

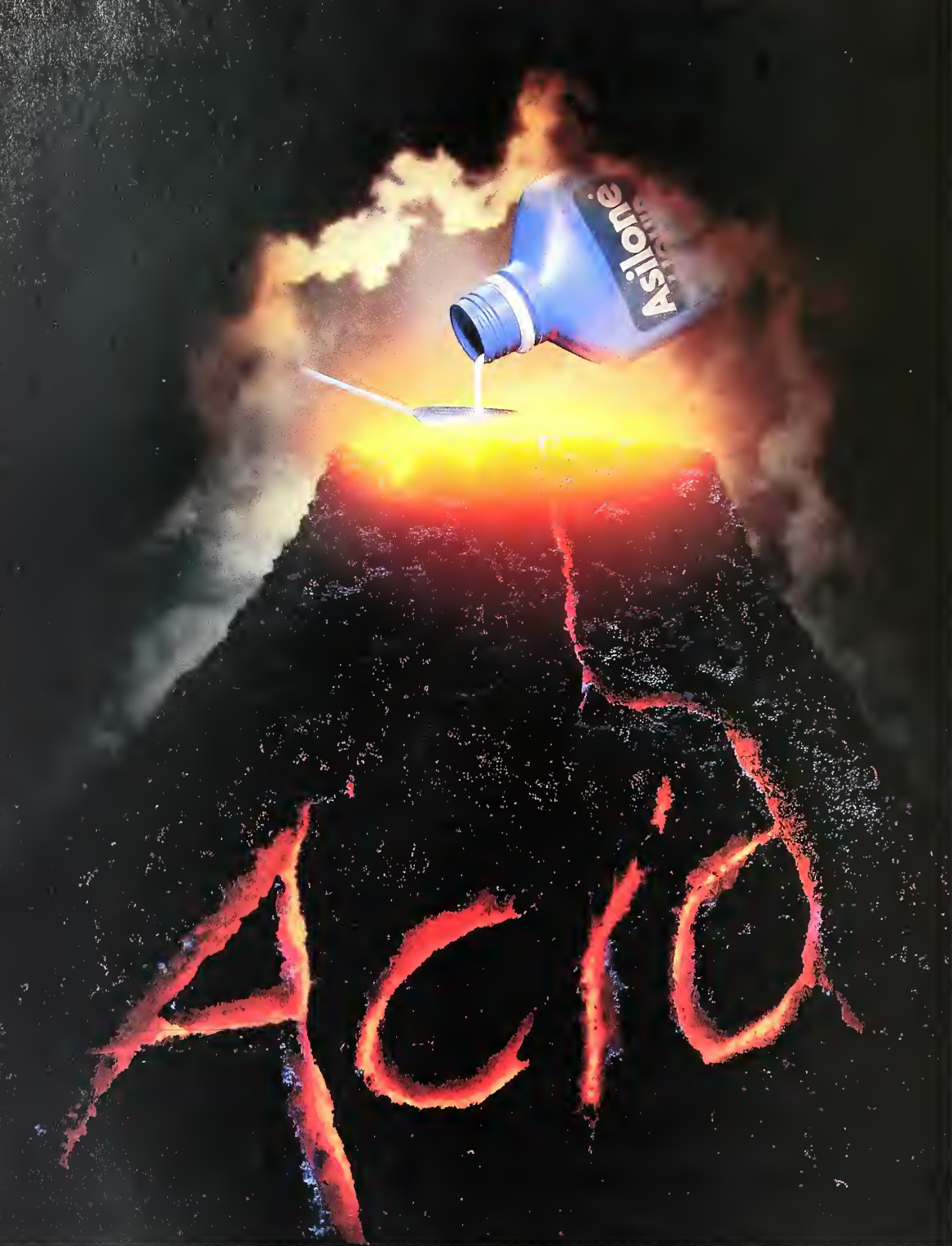
**MMC backs fine
fragrance houses**



**Cosmetics under
the spotlight**

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Comment

Superdrug's 1992 reference of fine fragrance houses and their selective distribution practices to the Monopolies and Mergers Commission created something of a bad odour in the industry. While the outcome may have come as something of a pleasant surprise to cosmetics companies and perfumers hoping for a bonanza this Christmas, not everyone has come out of the MMC examination smelling of roses. And the fact that Superdrug say they will take their case to the European Commission until the matter is finally resolved can only blight future plans of an industry which deserves better.

Retailers who defend the agency system, with its restrictive stocking holding and stockturn agreements for premium products with premium face value margins, have not shied away from delving into the grey market if they see fit (Lloyds), nor from competing head-on with price and gift offers (Lloyds and Boots the Chemists).

At their 1992 interims last November, Boots chief executive Sir James Blyth said the cost of keeping high value products in stock in quality surroundings had considerable downward impact on fragrance profits. If that is true for Boots with their marketing and buying muscle then, for smaller pharmacy agents, cosmetics and fragrances must be something of a loss leader. Such agents must be delighted that their margins will be maintained and their monopoly preserved — a monopoly,

in effect, purchased by them for a substantial cost.

Over the years the National Pharmaceutical Association has been quite successful in ensuring that agency agreements are fair to all parties, particularly the pharmacist stockist. No doubt the MMC judgment will encourage manufacturers to maintain and improve that balance lest Superdrug pursue their case through the Commission.

Whatever happens the grey market, like that in pharmaceuticals, will remain until companies introduce pan-European prices and a common currency is brought in, at least in Europe. Pharmacists are sick and tired of the Catch 22 situation of having to beat the Drug Tariff price to match the discount exacted by the NHS paymaster to match dispensed script volumes.

But the Government does have the power to control prices while removing from pharmacists the responsibility for keeping the drugs bill in check. Now that cost-plus has gone and the Government is moving away from piece work payments to practice, why does it not go the whole hog and purchase drugs centrally, using the established wholesale systems? Government could then directly control the price it pays manufacturers. The pharmacist would simply be supplied with "free" medicines, and paid a dispensing fee and practice allowance. If only...

Tanna has enough support for an EGM

National Pharmaceutical Association member Ashwin Tanna has received enough support from fellow members to call an Extraordinary General Meeting of the NPA (C&D July 24 p133; September 18 p464; October 2 p581).

"I did not feel that I would reach my target. This surely means there must be some sort of discontent," he says.

In accordance with NPA rules, whereby support must be obtained from 10 per cent of the pharmacies in membership, Mr Tanna has received backing from 978 pharmacies (represented by some 598 pharmacists). He has written to the NPA requesting that an EGM takes place on a Sunday afternoon on either December 5 or 12 or January 30, 1994.

Mr Tanna objects to what he sees as absurdities in the rules which leave them open to interpretation.

As it stands, the phrase "actively engaged in retail pharmacy" does not stipulate that the Board member has to work in community pharmacy to qualify. Mr Tanna is concerned that, in the future, there could be an increasing number of Board members who are removed from the concerns of ordinary working members.

He is seeking to have the NPA's articles of association amended to remove any confusion, stating either that the member is practising or that they bring a wide experience and knowledge of community pharmacy to their position. If the motion is carried, he asks that each Board member will be required to practice as

community pharmacists for an average of 16 hours per week.

Tim Astill, NPA secretary, told C&D: "The letter will be reported to the NPA Board of management and discussed at our Board meeting next week."

An EGM will be held, although Mr Astill could not say when. As the requisite period of notice of an EGM is 28 days, it is unlikely to take place before Christmas.

"We certainly would not procrastinate," says Mr Astill.

No Board member need be present at the meeting. For a motion to be carried, 12 ordinary members need to be present in person. For the purpose of the EGM, all Board members are also ordinary members and can vote. To carry the motion a 75 per cent majority is needed, under a special resolution of the Companies' Act.

However, a poll could be demanded at the EGM requiring all NPA members to be balloted in a postal vote.

This could occur if requested by the chairman, three NPA members present at the meeting or by a person representing 10

per cent of the membership.

In theory, Mr Tanna could demand a poll, but Mr Astill says that the document Mr Tanna has obtained signatures for does not specify that he can call a poll on behalf of those who have signed.

Mr Tanna says he has no qualms over the democracy of the NPA in many respects, but is concerned at the difficulty in trying to instigate an open discussion on this issue.

Mr Astill disputes this allegation: "I don't see how an organisation can be undemocratic when its Board members are elected every three years."

On the question of Board members being mandatorily required to practice in the community, Mr Astill is equally dismissive. Of 21 Board members, most practice full-time. The remainder have close ties and a wide experience of community pharmacy.

"Such experience would be lost to the Board if this motion was carried," he says.

Mr Tanna's rejoinder is: "No-one is indispensable."

Beat the bug attempt fails

A pharmacist who tried to import flu vaccine from France in a bid to beat shortages here says he has been foiled by red tape.

Mike Hardy, who runs The Milton Village Pharmacy in Weston Super Mare, wanted to import the flu vaccine via a pharmacy in Normandy. Six years ago when there was a similar shortage he was able to import the vaccine with no problem.

"A Normandy pharmacist

ordered it for me from his wholesaler and my son went over and picked it up. Even allowing for the transport costs, it still worked out cheaper."

But when Mr Hardy tried again recently, red tape at the Medicines Control Agency foiled him.

"There were difficulties with the product licensing and labelling," he said. "In the end they wanted to test every batch, so I gave up."

Dorset pharmacies aim for accreditation

An accreditation scheme for Dorset pharmacies is underway following a meeting between the Local Pharmaceutical Committee and the Dorset Health Commission (DHC).

Bill Ritchie, public relations officer for the LPC, told C&D that accreditation would be dependent on three factors: training for pharmacists, training for staff, and audit. These would ensure that pharmacies are seen to reach a certain standard, he says, resulting in better patient care.

The DHC already funds residential courses for pharmacists in the area and will continue to do so. They will also provide funds for the training of counter assistants and dispensing staff.

Ian Carruthers, chief executive of the DHC, says a move towards accreditation would secure continuous professional improvement and lead to a changed plan for pharmacy.

'Distribute vaccine through pharmacies'

The Royal Pharmaceutical Society and the National Pharmaceutical Association believe the reported shortage of flu vaccine is due, in part, to the present distribution scheme.

Under the present system, manufacturers of vaccines can and often do supply direct to doctors. Pharmacies are then only called on to supply vaccines when the doctor cannot meet demand from his own stocks.

As a result, pharmacists cannot judge potential demand. In contrast, a few years ago, doctors wrote individual prescriptions and supplies were made to pharmacies.

According to the Society and the NPA, the earlier distribution scheme "worked better" and had much more flexibility because pharmacists could obtain supplies through wholesalers at least once a day. Supplies could be transferred to areas of high demand where necessary.

• Merieux say they have been able to source an additional 70,000 doses of flu vaccine from Australian stock. It will enable Merieux to fulfil all outstanding orders due for delivery up to, and including, November 22. The company is now able to take orders for the week starting December 6. Merieux UK Ltd. Tel: 0628 785291.



New joint appointment for Wales

An innovative position as joint professor of pharmacy practice/director of pharmaceutical public health has been created by the Welsh School of Pharmacy and Health Care Gwent (see p932).

The post is perceived as an imaginative and creative solution to the need to marry the delivery of pharmaceutical services with developments in pharmacy practice research. This should result in a seamless level of healthcare in Gwent.

Special attention will be given to the changing and widening base of pharmaceutical care over the next decade, with all new developments tested and evaluated at a research level.

The three-year position will be funded by Health Care Gwent. The appointee will spend up to 85 per cent of their time working on their activities and the remainder of their time as an academic.

The position is suitable for applicants with a wide ranging pharmacy background requiring clinical pharmacy experience, knowledge of primary pharmaceutical needs and the ability to satisfy the University at professorial level in practice research.

- Three full-time tutor/learning facilitators have been appointed by the Welsh Committee for Postgraduate Pharmaceutical Education. They will promote and deliver the full range of education facilities and opportunities to pharmacists within designated areas.

They will replace the existing eight part-time tutors and will provide a minimum of 15 hours' direct contact courses for pharmacists.

Scotland and NI are still waiting on pay

Scottish and Northern Ireland contractors are still waiting for their pay offer for 1993-94.

Details were expected soon after the settlement in England and Wales, but Thomas O'Rourke, secretary of the NI Pharmaceutical Contractors Committee, told *C&D* that he was still waiting to hear from the DHSS.

Graeme Millar, chairman of the Pharmaceutical General Council (Scotland), said that in-depth discussions were continuing with the Scottish Office and he hoped for a resolution in the next couple of weeks.

Scottish task team seeks GP/pharmacy interface

A task team has been set up by the Scottish Office to examine and improve communications between GPs and community pharmacists.

Four areas have been identified: the contribution that community pharmacists make towards health issues and healthcare; GPs and pharmacists' perspectives of this contribution; spheres of common interest; and areas of practice based developments which contribute to good communication and teamwork.

It is also expected to examine the prospects for shared post-graduate teaching.

The team has asked community pharmacists to provide information on areas where the two professions can work together on practice-based developments which improve patient care. Secretaries of local medical committees have also been asked to provide feedback.

David Bolton, chairman of the team, says: "The atmosphere between the two pharmacists and two GPs on the team have been very productive."

A report will be made to the Scottish Office at the start of the year.

No change in VMD fees

Proposals to introduce a fixed annual fee for the licensing of veterinary medicines have been put on hold after consultations revealed they could have a "severe impact" on the many small companies in the industry.

Ministers have decided that there will be no changes in the fees arrangements for 1993-94, but further consideration will be given to the implications of introducing a fixed annual fee for small businesses and the retention of existing licenses.

Call up of the 1993-94 graded annual fee will be 0.63 per cent.

Selected List additions likely in January

The next batch of additions to the Selected List is likely to be announced in January, a month before the relevant Order is published in February.

The number of products and therapeutic categories included will depend on how far the Advisory Committee on NHS Drugs has got with its deliberations. Melvyn Jeremiah, Under Secretary of State, Department of Health, told a meeting of the Industrial Pharmacists Group last week.

Earlier, Dr Martin Godfrey, managing director, Eurosciences Communication, predicted that GPs would find the latest Selected List extensions more acceptable and adapt more quickly than they did when the first Black List was published in 1985.

At that time, doctors were unused to being told what not to prescribe, and they were slow at coming to terms with the fact that patients could buy suitable alternatives over-the-counter from pharmacies.

"Even now, doctors haven't really got into the swing of encouraging patients to buy medicines which are cheaper than the prescription charge and they are still fairly ignorant about what's available OTC," he said.

But over recent months, GPs had become resigned to the various changes being imposed on them. Drug costs were becoming more important, particularly to fundholders, and younger GPs were more business-oriented than older colleagues.

Dr Godfrey said he could foresee a time when doctors kept special "prescription" pads for writing down the name of products which patients could then buy for themselves.

Mr Jeremiah also seemed to favour a two-tier system in which GPs issued private prescriptions

for medicines which were cheaper than the prescription charge.

He explained that the latest Selected List extensions were in response to an overspend on the NHS drugs budget. The Advisory Committee was examining those therapeutic categories in which the medicines available had a wide price range for little difference in therapeutic effect.

The consultation process had involved much discussion with manufacturers and, in most cases, when a product was threatened with becoming non-prescribable, the company concerned had agreed to reduce the price. The end result could be that in small therapeutic categories, such as oral contraceptives,

not many products would be blacklisted.

Mr Jeremiah agreed that the renegotiated Pharmaceutical Price Regulation Scheme was tougher than its predecessor, but it would run for five years and be reviewed after three. Its existence was justified by the need to control monopoly positions. If price competition kept prices down, the PPRS might no longer be needed in certain instances.

There had been suggestions that some drugs companies had been indulging in inappropriate sales promotion techniques. Mr Jeremiah said he thought they should concentrate on promoting their products in a professional manner and give up the "hard sell" techniques.



Demand is increasing for the National Pharmaceutical Association's Counter Assistants' training course, according to administrators Radcliffe Medical Press. This is due in no small part to the active encouragement of course sponsors Crookes Healthcare. As part of their calls to independent pharmacists, Crookes Healthcare territory managers have promoted the scheme to staff and identified those pharmacists who are willing to become course tutors. This confirms the company's belief that the development of pharmacy needs support from quality staff training. Pharmacists requiring more information on the course should contact the NPA's training department or their Crookes territory manager

Progress on health of nation targets

Fewer people are dying prematurely from the main preventable diseases, according to latest figures from the Department of Health. But it believes more effort is needed on obesity, suicide and teenage smoking.

The report on the first year of the "Health of the Nation" initiative gives new figures for 19 target areas, 16 of which are moving in the right direction. In one instance, gonorrhoea, the 1995 target has already been met.

In the past year, there has been a 4.8 per cent reduction in the death rate from coronary heart disease in people under 65, towards a target of at least 40 per cent reduction by 2000. For lung cancer, there has been a 3 per cent reduction in deaths in men under 75, towards a target of at least a 30 per cent cut by 2010.

But the obesity figures for 1991, which predate the "Health of the Nation", show that more people are overweight than previously thought — 13 per cent of men and 15 per cent of women, compared with 7 per cent and 12 per cent in 1986-87.

Figures on teenage smoking have remained static. The target is a reduction of 33 per cent in prevalence in 11 to 15-year-olds by the end of next year.

Liverpool resignations delayed

Liverpool contractors who tendered their resignation from their syringe and needle exchange service (C&D last week p836) are being advised to delay their action pending further discussion with the health authority.

At a meeting on November 17, representatives of the Local Pharmaceutical Committee and the health authority agreed a set of principles on which payment for contractors should be based.

The principles, agreed as a basis for further discussion, are:

- that payment for the service should be equitable. Pharmacists should not be expected to subsidise the service
- the service should meet the requirements of the city
- payment for the service should reflect its quality
- payment should recognise the effectiveness of the service.

The health authority is to write to contractors inviting them to a meeting to discuss the proposals.

LPC chairman John Donoghue described the meeting as a positive step forward.

New era of genetic medicine is predicted

There could be a major shift in medical practice over the next few years from "diagnose and treat" to "predict and prevent", with significant savings in healthcare costs.

Advances in genetic technologies are giving insights into the genetic basis of disease, which will enable doctors to identify patients at risk of certain conditions and take action at an early stage. Therapeutic intervention might eventually become an action of last resort, used only when "prediction and prevention" failed.

These views were expressed by Dr Russell Greig, vice-president and director of advanced technologies at Smithkline Beecham, USA, at a symposium in London on human genetic research.

He said that the new techniques, which allowed the

rapid sequencing of genes expressed in human diseased tissue, would have a significant impact on the pharmaceutical industry. There would be new molecular targets for currently untreatable diseases and new assays to monitor response to treatment.

The techniques might enable a single disease to be classified into subtypes, allowing treatment to be tailored more selectively. This would also be helpful in clinical trials; patients unlikely to respond could be excluded and not exposed to unnecessary risk.

Dr Timothy Harris, vice-president for r&d and chief technical officer at Sequana Therapeutics, believes that the development of gene therapy and the application of biotechnology to generate protein therapeutics

would happen quicker than anticipated.

The human genome project, a \$3 billion international effort which is the largest medical project in history, would uncover many genes or gene products which might be useful if suitable delivery systems were developed.

Heart disease, hypertension, rheumatoid arthritis and diabetes were among the common diseases which had a genetic component and could possibly be treated by these approaches.

• A new Gene Therapy Advisory Committee is to replace the Committee on the Ethics of Gene Therapy on a permanent basis. The Committee, which includes lay members as well as medical, scientific, legal and ethical experts, will review all proposals for gene therapy research on humans in the UK.

'Home alone' case dismissed

A pharmacist accused of leaving a preregistration graduate alone for several hours to dispense prescribed drugs he was not qualified to supply has been cleared of professional misconduct.

Ben Webb, a 25-year-old PhD student, took up a post with pharmacist Kashmir Albert Syngé, at Peace Pharmacy, 3 The Broadway, Forty Avenue, Wembley, between September 1991 and December 1991, when he left because of panic attacks induced by the stress of working there.

At an earlier hearing in July

before the Statutory Committee of the Royal Pharmaceutical Society, Mr Webb claimed Mr Syngé would say he was "popping out" but sometimes disappeared for hours at a time, leaving him to deal with irate customers.

On his departure he complained to the Society, who then made an unannounced visit on May 1 last year. On that occasion, an unqualified member of staff illegally sold an undercover inspector 24 Nurofen tablets. Mr Syngé was convicted, after pleading guilty to the offence at Brent Magistrates

Court, and was fined £200 and ordered to pay £350 costs.

Mr Syngé, of 30 Blenheim Gardens, Wembley, denied and was found not guilty of professional misconduct between September 2 and December 18, 1991. He did admit professional misconduct in relation to the conviction at Brent Magistrates Court, although he claimed that at the time he was unaware the unqualified member of staff had acted outside her duties.

At the July hearing, Mr Webb admitted that before taking up the post he had suffered from anxiety, but had never had panic attacks. He accused Mr Syngé of taking no interest in training him and claimed that, despite expressing concerns about dispensing restricted medicines, Mr Syngé told him to do what he could.

Representing Mr Syngé, Mr David Reissner told the hearing that the case was "delayed and oppressive". He said that Mr Syngé's practice had been visited on ten occasions in the past seven years, but it was only once in May 1992 that he was found to have acted improperly.

Licence Regulations

New Regulations governing product licences come into effect on November 29.

The Medicines (Applications for Grant of Product Licences — Products for Human Use) Regulations 1993 (SI No 2538, HMSO £2.80) set out the requirements laid down in various EC Directives. They include the special circumstances in which the results of pharmacological and toxicological tests or clinical trials need not be provided (for example, if the product is essentially similar to one which has been authorised within the EC for not less than ten years).

They also set out the "drug master file" provisions under which details of active ingredients manufactured by someone other than the applicant may, in certain circumstances, be supplied by the manufacturer.

The Medicines (Standard Provisions for Licences and Certificates) Amendment (No 2) Regulations 1993 (SI 2539, HMSO £1.10) provide that a medicinal product for human use shall be recommended only for specified indications, in the same pharmaceutical strength and form as in the licence, and be manufactured at the sites and by methods specified in the licence.

Flying the homes flag

Independent pharmacists need to compete with the might of Lloyds and Boots in offering their services to residential and nursing homes, says the Scottish Pharmaceutical Federation.

With this in mind, it aims to "fly the flag" for independents by approaching organisations such as the Church of Scotland and

regional social work departments to make them aware that independent pharmacies can provide the same services as larger organisations.

Three conferences have been held to discuss the matter. Robert Stewart of the SPF says: "We have to make the running and hope this action will produce results."

More GPs hit health targets

Over 90 per cent of family doctors are hitting health targets under the GP contract, Secretary of State for Health Virginia Bottomley announced last week. Some 80 per cent are surpassing targets.

Information from family health services authorities reveals that increasing numbers of GPs are complying with targets for childhood immunisations and cervical smear testing.

Women get top jobs

Women are gaining ground on men in the management stakes at Boots. They now account for 25 per cent of the company's store managers, compared to 18 per cent two years ago. There has also been a 4.5 per cent increase in the number of women who are head office managers.

The figures were revealed at the second anniversary of Opportunity 2000, an initiative which aims to create greater opportunities for women in management. Like many other companies, Boots have "signed up to improve women's lot", says spokesman Steve Houghton.

Flexible working patterns allow staff to juggle work and family commitments. There are now more than 50 job share partnerships within the company in positions from supervisor to pharmacy manager, and more than 350 women take advantage of term-time working.

£5 script charge looms

The price of an NHS prescription is set to rise to £5 in the forthcoming Budget, according to Shadow Health Secretary David Blunkett.

Connor Ryan, a spokesman for Mr Blunkett, told C&D: "We believe that it is quite likely that prescriptions will go up to £5 as Virginia Bottomley, Secretary of State for Health, has fought off the idea of 'hotel charges' in return for an increase in prescriptions."

"Hotel charges" would involve patients paying some money towards the cost of recuperation after an operation in hospital.

It is also predicted that the number of people eligible for prescription exemption will be reduced. Mr Ryan points out that during the Christchurch by-election, the only promise made was that pensioners would not be affected.



GPs cause another flu vaccine crisis

I had promised myself that, this year, I would keep well away from the subject of flu vaccines because it is the one subject that is guaranteed to have Dottie following me around the pharmacy, armed with the Valium bottle and urging me to calm down!

Now I have broken my promise but, with the present chaotic supply situation, even Dottie has some sympathy. As usual all my local GPs bulk-purchased their supplies at a big, fat, non-deductible discount and then proceeded to immunise the population on demand, expecting to be able to replenish stocks at will. But, of course, being slightly conservative on their initial purchases, they soon ran out!

Duphar were then unable to obtain a product licence and suddenly a nice little earner becomes a crisis. But doctors never make a drama out of a crisis and, therefore, all those "at-risk" patients who had not previously been included in the

first wave of vaccinations, but who were now clamouring for vaccine, were soothingly issued with a prescription and told to go round to that "nice community pharmacist", have it dispensed and all would be well.

Whose fault was it when I had no vaccine? As usual, mine!

Every year it happens, and every year there is the same degrading spectacle of doctors grubbing around for their extra pennies and pharmacists carrying the can for other people's incompetence.

If all vaccines were distributed through pharmacies then the efficiency of the pharmaceutical wholesale supply network and the loss economics of non-returnable vaccine would ensure a tight community supply while allowing doctors, released from the mass sales pressures of the industry, to freely select those patients at genuine risk.

The NHS drugs bill could gain by an acknowledgment that the present large discount prices should be replaced by reduced basic prices. With pharmacy's global sum presently being capped, the only other major beneficiary would be the patient for whose welfare, after all, we are all supposed to be working.

And pigs, if they had wings, might emulate Concorde!

Catch 22 on Christmas openings

This Christmas promises to be the shortest on record, with the absurdity of a declared four-day holiday being abruptly curtailed by the avaricious ambitions of my High Street competitors, while New Year has become non-existent.

The net result of my local researches has been that, in order to compete, I will have to open on December 27 and 28, and then on January 1 and 3.

Complaining will change nothing except release my pent up frustrations. I will open. I

have no real choice, but I resent the financial pressures which have forced me into this decision — and what of next year? With the imminent scrapping of Sunday trading restrictions, the seven-day week will soon be a reality!

Why not local LPC hustings?

There are clear signs of discontent in the ranks, with the troops threatening to revolt against the establishment. But whether the groundswell of dissatisfaction is born of frustration with an intransigent and unreasonable Department of Health, or a genuine resolve to change our moribund institutions early next year, is open to debate.

What is clear is that community pharmacists will have the opportunity to make their voices heard.

Membership of the Pharmaceutical Services Negotiating Committee and local pharmaceutical committees are both up for election in the Spring and nomination papers are already, or will soon be, available.

These particular elections are probably more vital to the future of community pharmacy than those on any previous occasion because the rate of change in our professional practice is rapidly accelerating, and it is these committees that will influence the framework of community practice for years to come. For too long their membership has been determined by an apathetic electorate, but the present pressure for change should at last be translated into a wider selection of politically aware candidates.

But it is essential that voters are able to make an informed choice otherwise the election will become a lottery. Many candidates will be locally well known, but familiarity is a poor reason for casting a vote, so LPCs must be seen to be active in organising local meetings at which candidates should be invited to talk to their electorates.

I may have reservations about national hustings but locally they are probably the only way of achieving the dynamic committees that are essential for our future.

Topical REFLECTIONS

Scriptspecials

DDAVP is approved for primary nocturnal enuresis

DDAVP tablets from Ferring Pharmaceuticals are now approved for primary nocturnal enuresis. The antidiuretic effect of oral desmopressin has been confirmed in a number of studies which have shown equal efficacy with Desmospray. DDAVP tablets were initially licensed for the treatment of cranial diabetes.

The starting dose for the treatment of nocturnal enuresis in adults and children over five years of age with normal urine concentrating ability is one 0.2mg tablet to be taken immediately before going to bed. The dose may be increased to two tablets if necessary.

The need for continued therapy should be reassessed after three months by means of a period of at least one week without DDAVP tablets.

According to the company, in clinical practice 70 per cent of adolescent patients responded to DDAVP tablets during two 12-

week treatment periods and continued with treatment where necessary for two years.

When used to control primary nocturnal enuresis, DDAVP tablets should only be used in patients with normal blood pressure. The tablets should be given with caution to pregnant patients although the oxytocic effect of desmopressin is very low.

DDAVP tablets are available at a basic NHS cost of £90.90 for a pack of 90 × 0.2mg tablets, which is sufficient for three months' treatment at a dose of 0.2mg at night.

Ferring Pharmaceuticals say the tablets will prove useful where patients prefer an oral form of therapy, and for patients suffering from rhinitis which could impair absorption from Desmospray. In addition, the tablets do not require any special storage such as refrigeration.

Ferring Pharmaceuticals. Tel: 081-893 1543.

Lodine SR tablets

Lodine tablets are now available in a sustained release form. Each tablet of Lodine SR (30, £17.70) contains 600mg of the non-steroidal anti-inflammatory etodolac. Wyeth say hydration of cellulose in the tablet allows controlled diffusion of etodolac through the intestinal tract, maintaining therapeutic plasma levels for 24 hours. **Wyeth Laboratories. Tel: 0628 604377.**

Colomycin 0.5mu

Pharmax say Colomycin 0.5 mega unit injection vials are back in stock. Manufacturing problems have been resolved and the company apologises for any inconvenience caused. **Pharmax Ltd. Tel: 0322 550550.**

Norton doxycycline

HN Norton have added Doxycycline capsules 100mg to their product range (8, £2.96). **H.N. Norton & Co Ltd. Tel: 0279 426666.**

British blood

Bio Products Laboratory wish to reassure users of their blood products that it only fractionates plasma supplied by Regional Transfusion Centres in England

and Wales. Plasma donations are only processed if they have tested negative for HIV-1, HIV-2, hepatitis B surface antigen and hepatitis C virus. **Bio Products Laboratory. Tel: 081-905 1818.**

Ventolin CR tablets

Allen & Hanburys say that, to rationalise treatment of asthmatic patients, Ventolin CR tablets 4mg and 8mg are being discontinued from November 30. The formulations, clinical efficacy, safety, appearance markings and price of Ventolin CR tablets and Volmax tablets (Duncan, Flockhart and Co Ltd) are identical. The product licence for Ventolin CR tablets remains valid until March, 29, 1994. **Allen & Hanburys Ltd. Tel: 081-990 9888.**

Imodium Janssen

Janssen Pharmaceutical say that all Imodium capsules will now be overprinted with the words "Imodium Janssen". This change covers all pack sizes. **Janssen Pharmaceutical Ltd. Tel: 0235 777333.**

Ecostat lotion

Bristol-Myers Squibb have deleted Ecostat Lotion 30ml from their range of products. **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 081-572 7422.**

Medical Matters

Hip fracture burden

"Despite advancing standards of care, the mortality and morbidity of femoral neck fractures remains high, placing an ever-increasing burden on the health service," concludes a study in the *British Medical Journal*.

Researchers at two UK centres looked at the mortality and morbidity associated with 1,000 hip fractures in 972 patients, with particular reference to fracture type (intracapsular or extracapsular).

Patients with extracapsular fractures had a significantly higher mortality at one year (38 per cent) compared with patients suffering intracapsular fractures (29 per cent).

Mortality was lowest in patients under 60 and increased to 51 per cent in patients aged 90 years and over.

In 1989, a report by the Royal College of Physicians described the incidence of hip fractures as "approaching epidemic levels". In 1987, the cost to the NHS of such femoral neck fractures was estimated as £165 million.

Achieving better results in asthma treatment

Although effective asthma treatments are available, patients are still suffering unacceptably high levels of morbidity says Dr Duncan Keeley in this week's *British Medical Journal*.

GPs can fail to identify the symptoms of asthmatic patients because they only ask general questions about the patient's condition.

Some doctors wrongly assume that regular use of bronchodilators in small doses is satisfactory treatment for asthma. The British Thoracic Society guide-

lines suggest that the use of a β agonist more than once daily is an indication for prophylactic treatment.

Poor technique with asthma inhalers can reduce the efficacy of treatment, and Dr Keeley says doctors do not check that patients can use their inhalers properly and do not make enough use of large volume spacers.

He recommends that patients should bring their inhalers when they come to the surgery and their inhaler technique should be checked at every visit.

Shingles misery of the old

A national survey of shingles sufferers, carried out by Help the Aged, has revealed that many patients do not recognise the condition or receive effective treatment.

Seven out of ten shingles patients were over 60, and frequently suffered pain that lasted for months even after the rash had disappeared.

Three-quarters of sufferers did not recognise early symptoms as shingles and delayed visiting their GP for up to a week after onset. Ideally, therapy should be initiated within 72 hours of the onset of the rash.

Following diagnosis, most sufferers were given non-specific treatment, including painkillers and soothing creams.

UK piles market to shrink

The UK is the largest European market for haemorrhoid preparations and is worth in the region on £23 million (\$34m).

But Datamonitor predict that the British market for these products will shrink slightly between 1992 and 1997 to £22.25m (\$33m), which will allow the UK to retain its position just ahead of Germany.

The UK also leads the acne remedies category with a market value of £55.3m (\$82m), followed by France where the market is worth £39.8m (\$59m).

The largest European market for medicated shampoos is the UK, where it is valued at £61.36 (\$91m). During the next five years, Datamonitor say the UK market will shrink by 4.31 per cent and the Belgian market will grow by 11.75 per cent to £10.8m (\$16m).

• **European Medicated Skincare Report** (\$1,450) is available from **Datamonitor. Tel: 071-625 8548.**



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/v chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. **Legal Category P** Date of last revision March 1993. *Source: Milpro Independent Research, 1992. †Corsodyl Dental Gel contains 1% w/v chlorhexidine gluconate.



SB SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.

ACID REFLUX?

One name won't keep
your customers guessing



Over 3 million people suffer from heartburn, at least once a week on average†.



New **Bisodol Heartburn*** now lets you offer them a remedy truly *dedicated* to treating the problem.



Its special long-lasting, double-action formula offers an alginate barrier to protect the oesophagus *PLUS* 2 powerful antacids that rapidly neutralise excess acid.



With a great-tasting cherry flavour and eye-catching packaging, it's ideal to recommend and display.



A massive £2 million *national TV launch* starts soon, backed by in-store leaflet display and promotional support - so order **New Bisodol Heartburn** now, before your customers ask for by name.

NEW BISODOL HEARTBURN

It's The Name To Beat The Burn

† Independent Research Data On File

PRODUCT INFORMATION. Presentation: Bisodol Heartburn Tablets **Active Ingredients:** Magaldrate USP 400mg/tablet, Alginate Acid Ph. Eur. 200mg/tablet, Sodium Bicarbonate Ph. Eur. 100mg/tablet **Indications:** Bisodol Heartburn alleviates the painful conditions resulting from gastric reflux. It is indicated in heartburn, including heartburn of pregnancy, reflux oesophagitis, hiatus hernia, regurgitation and all cases of epigastric distress associated with gastric reflux. **Legal Category:** GSL. Can be used during the last 6 months of pregnancy. If you are taking other medication or symptoms persist, consult your Doctor.

Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire SL6 0PH
Telephone: 0628 659011 * Trade Mark



Counterpoints



AAH add dressings for minor surgery

AAH Pharmaceuticals have launched a surgical dressings range in response to the growing trend for minor surgery to be carried out in GP surgeries and health centres.

Developed with manufacturers Vernon Carus, the dressings range includes seven procedure packs and 13 supplementary packs. The manufacturers say the range of packs will cover most minor surgical requirements.

The dressing packs include a suture removal pack (£0.60), catheterisation pack (£1.70), vaginal examination pack (£0.97), minor surgical system pack (£3.30) and basic care packs (£0.56-£0.72).

According to Nigel Green, marketing manager at the AAH Healthcare Centre: "More often than not, the existing drug tariff packs are cannibalised, with many items simply being thrown away because they are not

needed for the majority of minor surgical procedures."

The surgical dressings range is available to GPs and practice nurses through local independent pharmacies. Orders will be despatched from the AAH Healthcare Centre within 24 hours. There is no minimum order criteria, which saves on storage space and avoids tying up cash flow. **AAH Pharmaceuticals Ltd Healthcare Centre. Tel: 0345 808090.**

X-Gnat's novel repulsion

X-Gnat is a new insect repellent made from 90 per cent natural ingredients. It differs from normal repellents in that it is sprayed on to clothing rather than skin and so can be used safely by children.

Tested by the University of London Department of Tropical Medicine, it is proven to be an effective repellent against the anopheles mosquito as well as most flying, biting and crawling insects. The product is applied to fabric and will give two to three weeks' protection, irrespective of washing the material.

It is comprised of an active ingredient derived from 100 per cent natural

oil extract and a resin which binds to fibres in the fabric. As well as being waterproof, this resin controls the release of the repellent. Once sprayed, the fabric dries quickly, forming a lacquer. It is not recommended for use on dress clothing.

Articles should be kept in a plastic bag or container when not in use to retain activity.

It is available now and will be supported by advertisements in the medical Press. It retails at £4.49 for a 70ml pump spray, £8.49 for a twin-pack. A Day and Night Gel is being introduced next Spring. **Focus Development Labs Ltd. Tel: 041-777 6954.**

One-step lens care from Ciba

A 2 in 1 contact lens care system is the latest innovation from Ciba Vision Ophthalmics, and is being considered for launch in the UK.

Solo-Care for soft lenses and Solo-Care for hard lenses are combined cleansing, rinsing, disinfecting and storing products. They can also be used to lubricate lenses before insertion.

The soft lens care system is currently available in Germany, Denmark, Sweden, Finland and Norway, while the hard lens system is only available in Germany. **Ciba Vision Ophthalmics. Tel: 0489 785399.**

Infaderm soothes baby's dry skin

Infaderm is a range of hypo-allergenic baby toiletries, suitable for use in the management of dry skin conditions and eczema.

Produced by Goldshield Healthcare, the Infaderm range comprises Baby Bath (250ml, £3.95), Baby Hair Wash (250ml, £3.95), Baby Lotion (250ml, £3.95) and Baby Cream (125g, £4.75). All products are free from lanolin, fragrance and dye

and are clinically tested, says the company. A complete list of ingredients is included on-pack. The Baby Bath and Baby Hair Wash are pH balanced at 6.5.

The launch is being supported by a PR campaign in the women's Press and to health professionals as well as consumer advertising. **Goldshield Healthcare. Tel: 081-684 3664.**



Lid-Care for eyelid hygiene

The UK's only complete special purpose eyelid hygiene system, according to manufacturers Ciba Vision Ophthalmics, is to be launched next month.

Lid-Care consists of a 120ml solution bottle, 100 individually-wrapped eye pads and a patient leaflet. It is designed for use as an adjunct to medication for eye infections and other lid conditions, or can be used as an eyelid cleaner

or make-up remover.

No direct advertising is planned although announcement cards will be issued by the Ciba Vision salesforce.

The product will retail at £3.99, with a trade price of £2.55.

For the launch period, until next February, the trade price will be £2.21, giving a POR of 35 per cent. **Ciba Vision Ophthalmics. Tel: 0489 785399.**

Anbesol adult gel in the Press

Anbesol adult strength gel is being promoted with a Press advertising campaign.

Running until the middle of December, a series of advertisements will appear in daily and

Sunday newspapers. Straplines for the adverts will include "Gum fighter", "Numb better" and "For the down in the mouth". **Whitehall Laboratories. Tel: 0628 669011.**

More choice for diabetics

The choice of sweet foods for diabetics has been extended with additions to the Sionon brand.

Added products include Cream biscuits in orange or chocolate flavours, which are sweetened with fructose (£1.29, 125g). Also new is Sionon raisen

and hazlenut cereal bar (£0.59 per 35g bar).

Sionon Bonbons (£0.89, 60g) come in a choice of two flavours: orange, with natural fruit flavouring and vitamin C, or sugar-free mint. The flavour of Sionon peppermints (£0.55, 30g)

has been improved and they now come in a larger roll.

The design of packs across the Sionon range has been improved for greater on-shelf impact, say **Scholl Consumer Products. Tel: 0582 482929.**



Unichem's Winter warmers

Unichem are running a special offer on Sanatogen multivitamins until the end of the year.

Multivitamins 60s are reduced to £11.75 for a six-pack, multivitamins plus iron 60s to £12.24 for six and multivitamins plus EPO to £9.16.

Pears Pure Body Care is also on offer, with 500ml foam bath at £15.79 for nine and shower gel 250ml at £8.04 for six, plus three packs of Pears cleansing bar free. This can be passed on to consumers, giving them a free cleansing bar on purchase of foam bath or shower gel.

Lynx body spray is on offer at £8.33 for a pack of six, while Goldpartners get it for £7.83. Gillette Sensor 5s are on offer at £40.71 for 20, and the razor is available at £11.40 for a pack of six. Gillette shaving foam is reduced to £13.65 for a pack of 12, with further reductions for Goldpartners.

Always sanitary towels are also on offer, at £7.28 for a pack of four Always Normal, Normal Plus, Super and Super Plus and Always Ultra. **Unichem. Tel: 081-391 2323.**

Extra strength for Shockwaves gel

Shockwaves Ultra Strong gel is being relaunched with an improved, even stronger formulation.

The gel will be repacked in the new-look Shockwaves design.

Wella are offering special deals on their shampoos, conditioners, intensive conditioners and Wash & Care 3 in 1 products.

A 60p saving at RSP is available on Intensive

Perm Replenisher, Intensive Dry Ends conditioner and Intensive Deep Action Hair Masque.

On Wella Balsam shampoos and conditioners, the retail price is reduced to £0.99. Wash & Care 3 in 1 is reduced from £1.69 to £1.25.

Point-of-sale material is available to highlight offers in-store. **Wella GB. Tel: 0256 20202.**

Kimberly-Clark push the boat out

Kimberly-Clark are launching a multibrand promotion on their Kleenex range, offering consumers the chance to purchase a die-cast model lifeboat and donate money to the Royal National Lifeboat Institution.

The offer is available on Kleenex for men, Velvet toilet tissue and kitchen towels from mid-January. Each model will cost £5 plus one proof of purchase, with £1 going to the RNLI. It is hoped to raise a minimum of £300,000 for the institution.

Coinciding with the new BBC television drama *Lifeboat*, the promotion

will be supported by a mail-out by the RNLI, promotional activity in lifeboat stations nationwide and in-store displays. **Kimberly-Clark. Tel: 0622 717700.**

Savings on Stylite

Wella are offering consumers reduced prices on their Stylite mousse and lotion products for Christmas. Retail prices are reduced from £2.69 to £1.65, giving a 38 per cent discount. **Wella GB. Tel: 0256 20202.**

A touch of tartan

Couture Designer Hosiery have added two designs to their range.

Tartan opaque tights comes in burgundy, forest and russet colours on black.

Harlequin opaque tights have diamonds of red, gold, violet, lime and amber on a black background.

Both ranges costs £7.99 a pair and are available in three sizes. **Couture Marketing Ltd. Tel: 0788 823169.**

Are you planning a baby?

Carter-Wallace will be asking readers this question in a new advertising campaign for First Response.

Readers of *She*, *Cosmopolitan*, *Essentials*, *Company* and *New Woman* will see three advertisements for the new "dip and read" pregnancy test and the ovulation prediction kit. **Carter-Wallace. Tel: 0303 850661.**

Tisserand extend for the gift season

Tisserand are introducing three products and a gift set trio.

Tea Tree Lotion (£6.40, 100ml) is a blend of tea tree and lavender essential oils, with aloe vera and added vitamin E. It is anti-bacterial and moisturising, and is gentle enough for use on babies, say Tisserand.

Exotic Bath soak (£6.40, 230ml) contains essential oils of yuzu, ambrette seed, sandalwood and frankincense and is enriched with cleanser and moisturisers derived from coconut oil.

Tisserand Nourishing

Hand Cream combines rose oil, neroli, jojoba, kukui and cabreuva, to condition hands and nails while leaving them delicately fragranced.

In time for the festive season, Tisserand are also introducing two gift box sets. The First Aid Gift Box (£17.90) includes Tree Tree Soap, Tea Tree Lotion and Antiseptic Cream. And the Christmas "Book" Gift Box (£19.95) is filled with soothing bath oil, shower gel, lavender and evening primrose soap and a flannel. **Aromatherapy Products Ltd. Tel: 0273 235666.**



Strong support for Winter remedies

Warner-Lambert are investing £7 million in advertising for their over-the-counter brands this Winter.

Benlylin is being advertised on television with two commercials, one entitled "Pain in the neck" for adult Benlylin, and a separate advertisement focusing on

its use for children.

Alka-Seltzer is being supported by two television advertisements over the Christmas season.

Sinutab Nighttime is backed by a £1m television campaign which runs from December to February. **Warner-Lambert. Tel: 0703 620500.**

The power to hit your customers. Precisely.

The power to hit pain. Precisely.



PARAMOL® Tablets

Abbreviated Product Information.

Presentation: Each white tablet engraved PARAMOL contains 500 mg paracetamol BP and 7.46 mg dihydrocodeine tartrate BP. **Indications:** For the relief of headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular aches and pains.

Dosage and Administration: PARAMOL Tablets should, if possible, be taken during or after meals. **Adults and children over 12 years:** 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. **Children under 12 years:** Not recommended.

Contra-indications, Warnings, etc: **Contra-indications:** Respiratory depression, obstructive airways disease. **Precautions:** Dihydrocodeine may induce the release of histamine, therefore caution should be exercised before dispensing PARAMOL Tablets to asthmatic patients, or patients with allergic disorders. **Use in pregnancy and lactation:** There is no or inadequate evidence of safety in human pregnancy but the drug constituents have been used for many years without apparent ill consequence.

Side-Effects: Side-effects are rare in therapeutic doses. Constipation, if it occurs, is readily treated with a mild laxative. **Legal Category:** P. **Package Quantities and Price:** £2.19 for pack of 12 tablets. £4.89 for pack of 36 tablets. **Product Licence Number:** PL 0337/0190. **Product Licence Holder:** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. Tel. 0223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. **Date of Preparation:** August 1993.

©PARAMOL and the NAPP device are Registered Trade Marks. ©Napp Laboratories Limited 1993.

Date of preparation: October 1993.

NAPP

Sometimes your pain needs a tough answer.

There's now a pain reliever that contains dihydrocodeine, a highly effective ingredient that has never before been available without a prescription.

PARAMOL Tablets bring you a different way to fight pain. They combine dihydrocodeine with paracetamol to create a powerfully effective combination that targets your pain. Precisely.

The power of dihydrocodeine now without a prescription.

Always read the label.

© The NAPP device and PARAMOL are Registered Trade Marks. © Napp Laboratories Ltd 1993.

So when you need powerful relief from headache, migraine, period pains, backache, toothache and other aches and pains, you'll find there's no stronger pain relief your pharmacist can offer you.

PARAMOL®
TABLETS

From October, you'll be seeing a lot of the new advertisement for PARAMOL Tablets.

And so will your customers.

That's because NAPP are spending £3¼million between now and Christmas. And this spend is set to continue right through 1994 in the quality consumer press and on selected high-street poster sites – maybe one outside your pharmacy.

At the same time we're introducing – in addition to the 12-pack – a new 36 pack of PARAMOL Tablets, which gives up to 5 days' treatment.

Your recommendation alone has already made PARAMOL Tablets a success. But now even more people will realise that PARAMOL Tablets give powerful relief from many mild to moderate painful conditions such as headache, migraine, period pains, backache and toothache.

And of course that means even more people asking for PARAMOL Tablets in your pharmacy.

PARAMOL®
TABLETS



Seton have produced range of point-of-sale material for their Meltus cough medicines, including show cards and shelf edgers. Seton Healthcare. Tel: 061-652 2222

Zoom in on compacts

Fujifilm have launched a compact camera which offers a computer-controlled stepless zoom.

The Fuji DL-550 offer 2x zoom, giving pin sharp focus throughout the whole focal length.

The new zoom technology means there is no slight backward or sideways movements of the lens when removing the

finger from the zoom button.

Fujifilm have also incorporated a drop-in loading feature, a four-mode, built-in flash, red-eye reduction, landscape/nightscene button and three-frame consecutive self-timer.

The compact camera costs £199.99. Fuji Photo Film. Tel: 071-586 5900.

Vivitar put new models in the picture

Vivitar extend their photographic range with the addition of two cameras.

The VP3700 (£35) is a fixed focus model with a 28mm wide-angle lens and features panoramic mode.

The VP6500 (£79) is an automatic 35mm compact

camera with a date facility. It also feature red-eye reduction flash and a self-timer.

Consumers will be offered a free tape of 1960s hits with the cameras during the Christmas period. Vivitar. Tel: 0793 526211.

AAH targets teeth

AAH Pharmaceuticals' Family Health label is being expanded, with the addition of three products to help keep mouths and feet healthy.

Cold Sore Lotion, in 5ml tubes, comes in outers of 12 with a trade price of £9.30 and a retail price of £14.9.

Toothache Tincture comes in 10ml tubes in outers of 12, with a trade price of £8.28 and a retail price of £13.0.

Finally the verruca treatment Complete comes in outer of 12 packs, each with six adhesive plasters, six ring pads and a 5g tube of ointment. It costs £12 with a retail price of £1.95. AAH Pharmaceuticals Ltd. Tel: 0928 717070.

New look Bio-tex

Bio-tex Powder, the stain removal laundry aid, has been repackaged with a prominent pack flash emphasising the product's stain removing powers.

Bio-tex Superspray, now available in refills, has also had a label change with the flash "Fast and effective" featured on the top right hand side. Jenks Group. Tel: 0273 834716.

Jumbo Johnsons add bags and tripods

Johnsons Photopia are introducing the Jumbo range of tripods and bags for keen photographers.

The six-bag range covers cameras (SLR with zoom, £16; compact, £10), videos (SLR/video, £40; SLR, £30) and tripods.

There are also six tripods ranging from the lightweight JP17 (£17) to

the J50 (£50), which has a three-way pan and horizontal leg bracing. The JM10 (£23) can support a camcorder or still camera with a touch down foot to increase stability.

The range is available from the start of November. Johnsons Photopia Ltd. Tel: 0782 717100.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Actifed:	CAR, G
Badedas:	C, A, LWT, M
Benlylin:	All areas
Cussons Graphite:	U, G, Y, C, LWT, TT, C4
Expression:	C4
Ibuleve:	A
Lil-lets:	C, A, BskyB
Nicotinell patch:	All areas
Oruvail gel:	All areas except C4, GMTV
Sanatogen:	C, A, TVS, LWT, C4, GMTV
Seven Seas Cod Liver Oil:	CAR, C4
Slim-Fast cans:	All areas
Togs:	GMTV, BskyB
Zoflora:	C, C4, G, Y, HTV, TT

Plaster award

Robinson Healthcare have been awarded BS5750 for their range of plasters. Robinson Healthcare. Tel: 0246 220022.

French approval

The French equivalent to Which? magazine, 50 millions de consommateurs, has voted Nivea Visage Anti-Wrinkle creme with vitamin E the most effective and cost-efficient anti-wrinkle product from a selection of tested brands. Smith & Nephew. Tel: 021-327 4750.

Badedas on TV

Badedas is being supported by a £2 million television campaign, continuing with the theme of "Things happen after Badedas" in the pre-Christmas period. Sara Lee. Tel: 0753 523971.

Bunny on tour

The Duracell Bunny will be making appearances at 58 shopping centres between November 19 and Christmas Eve. He will be

giving away money-off vouchers and the chance to win a Drumming Bunny. Duracell. Tel: 0293 517527.

Santos EDT

Cartier have added an eau de toilette to their Santos fragrance for men (100ml, £55). Cartier. Tel: 071-493 6962.

Coty on TV

Exclamation will be advertised in the run-up to Christmas through a £500,000 television campaign. Beauty International. Tel: 0734 302302.

Palmer promo

Palmer's Cocoa Butter is being promoted with a Press campaign this Winter, running in magazines such as Pride, More, She and Black Beauty & Hair. ET Browne. Tel: 081-532 9224.

Lemsip support

Lemsip Menthol Extra is being advertised in a new national television

campaign, continuing the "armchair" theme. Reckitt & Colman. Tel: 0482 26151.

Endocil support

Endocil skincare range will be promoted through a Press campaign in women's magazines until the end of December. Chefaro Proprietaries. Tel: 0223 420956.

In the Press

Stiefel are running a national newspaper campaign for their Oilatum range, designed to build consumer awareness that the brand is available as a cream, gel and soap as well as in the bath formula. Consumer advice leaflets and shelf display units are also available. Stiefel Laboratories Ltd. Tel: 0628 524996.

Brolene stocks

Brolene pharmacy packs are in the process of being reprinted and orders will be met by the end of November, say Rhone-Poulenc Rorer. Tel: 0323 721422.

CROWE'S

Cremine

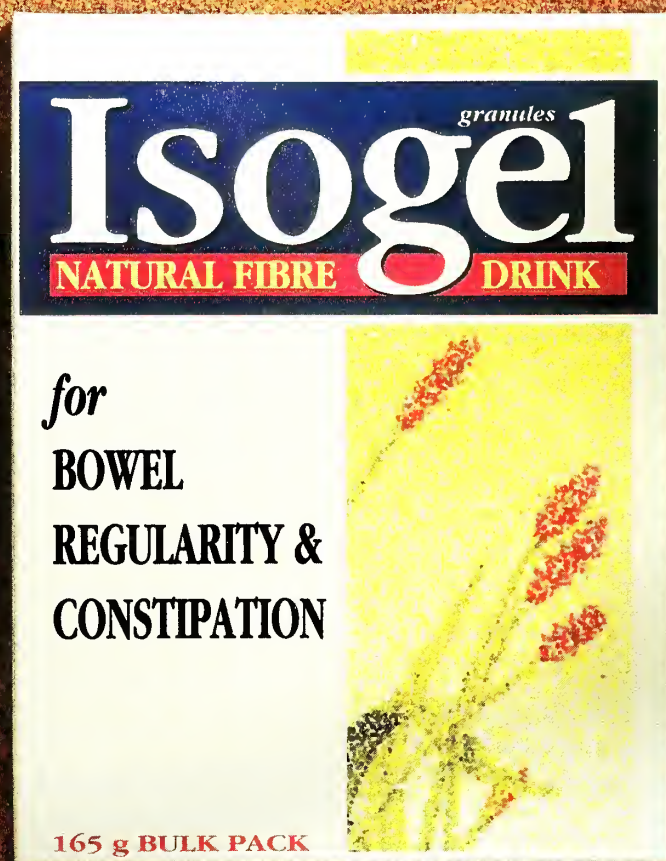
SKIN CREAM 300ml

NEW
DESIGN
IMPROVED
MARGINS

NEW DESIGN CREMINE IS
AVAILABLE NOW THROUGH
YOUR WHOLESALE FROM:
FARILLON LTD. ROMFORD

WALKER DAVIS & CO. LTD. 0628 822808

THE NEW ISOGEL PACK



DESIGNED TO MAKE YOUR CUSTOMERS EVEN MORE REGULAR

CPL

Charwell Pharmaceuticals Ltd.
Charwell House, Wilson Road, Alton, Hants GU34 2TJ

Isogel hasn't changed - but our pack design has! Its instant eye-catching appeal, added to Isogel's unbeatable value, will help boost demand for Isogel to even higher levels. The best value bowel regulator - now with a great new pack design. It's a combination guaranteed to make sure your customers come back for more.

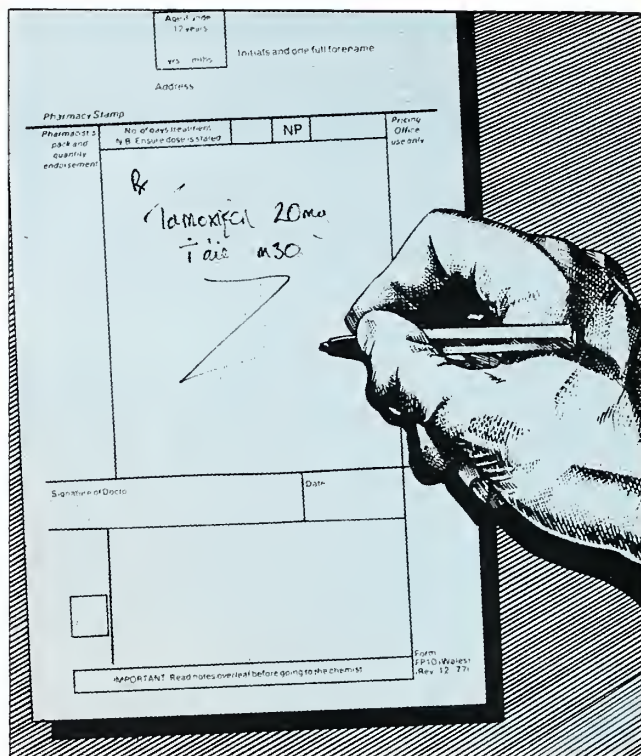
A 38-year-old woman who works in the local supermarket comes into the pharmacy three weeks after you dispensed this, her first prescription for tamoxifen for the treatment of breast cancer. She says she has been getting backache; paracetamol is not working so can you give her something stronger? She also says she is getting some hot flushes, which she knows is due to "the change". Should she be thinking about HRT, or can you give her something for these symptoms?



- 1 What might be the obvious causes of the backache?
- 2 What action do you suggest?
- 3 What is causing the hot flushes and what treatments could be used?
- 4 What alternatives are there to tamoxifen?



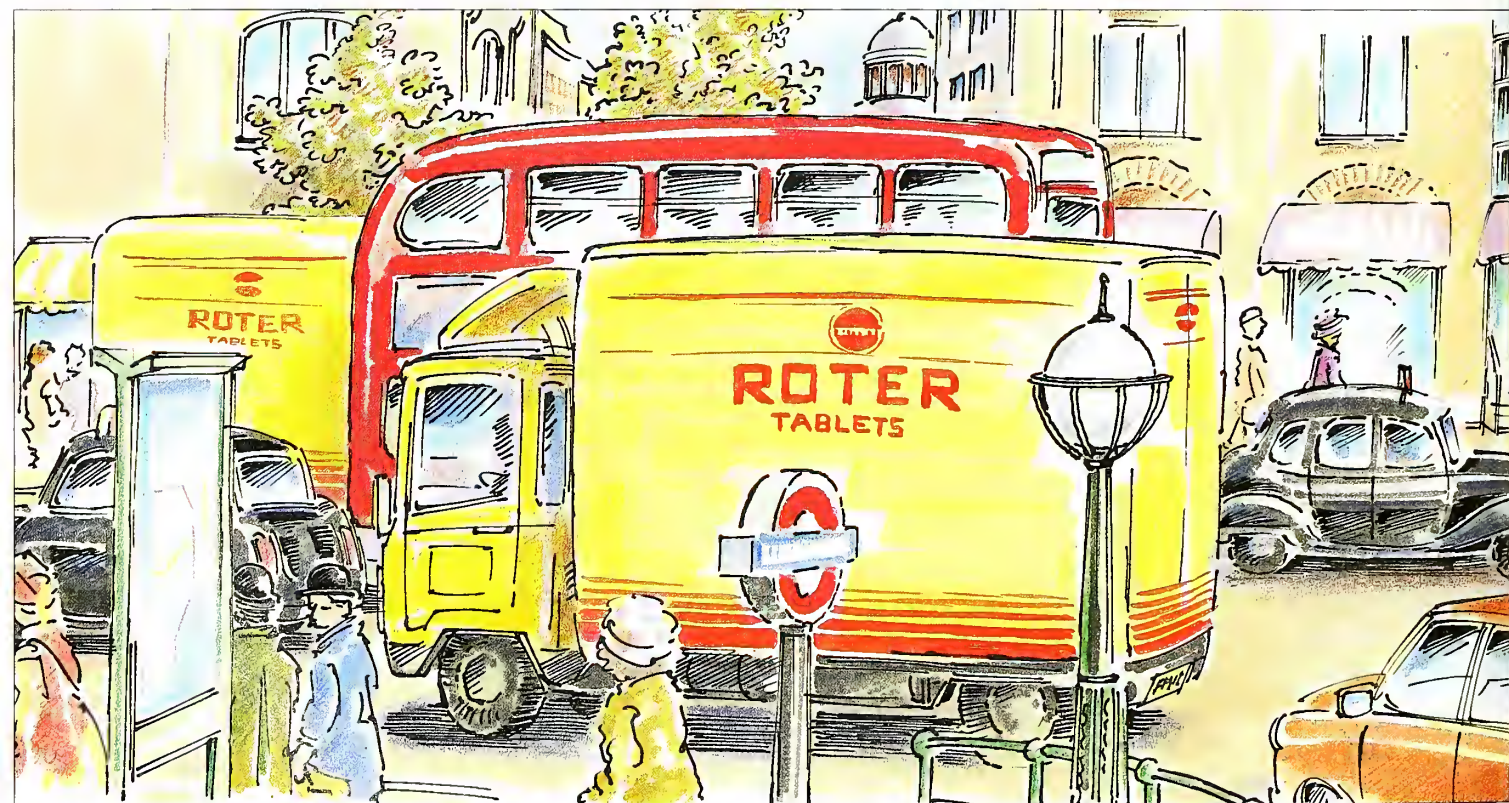
- 1 There are at least three possibilities: the pain may simply be a routine twinge; it might be related to lifting heavy objects at work; or it might be associated with bony metastases, which can become temporarily more painful when tamoxifen is started.
- 2 Given the possibility that further tumours may exist, it would be wise to refer the problem to her GP. Nevertheless, explore alternative causes in case you can suggest anything positive in the meantime. Backache may be due to muscular or joint problems, or both, so analgesics are sometimes not very useful.



- 3 Hot flushes are one of the more frequent adverse effects of tamoxifen, an oestrogen antagonist. Hormonal preparations are contraindicated in women with breast cancer. If you believe in homoeopathic or other complementary treatments, there are several preparations which are claimed to improve symptoms. Otherwise,

clonidine is a possibility; some vitamin formulations are available but their efficacy is doubtful. A reduction in the dose of tamoxifen may be the best option.

4 Progestogens may be effective; if not, oophorectomy is the only option for premenopausal women other than chemotherapy.



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The long-term view

This year's pay settlement has once again been imposed and contractors have been warned that things could get worse before they get better. Ken Sims, now retired but for many years a member of Dorset Local Pharmaceutical Committee, puts forward some proposals for fundamental change to improve the lot of community pharmacists

I have spent the best part of 30 years taking a long-term view of pharmacy. Long enough to be filled with despairing wonderment when I read that PSNC advised contractors to take the long-term view at its latest LPC conference by accepting a Government imposition masquerading under the guise of an "offer". I suppose there is always an element of choice in a mugging. You either give up your wallet willingly or reluctantly.

The LPCs' stout rejection of this kind of pressure was right. When contractors were told that, if they didn't agree, the offer would be imposed anyway, choice could only refer to endorsement of the body which recommended acceptance.

So what we saw was a massive vote of no confidence in PSNC and its chairman. Tough, considering the dedicated service he has given, but it is a reflection of the view that his mode of negotiation, seen rightly or wrongly as essentially placatory,

has proved to be unsuccessful.

In Dorset after 20 years under one chairman, the LPC came to the conclusion that it would be better if future chairmen served not more than three years. This change has produced a new vigour and, after a reappraisal of what we were doing, resulted in drawing up a positive strategy to anticipate developments, rather than reacting, too late, when faced with problems.

Since then the original plan has been developed and improved out of all recognition by successive teams. We have some very good people in pharmacy — when they are given the chance.

Modus operandi

In the same manner, it is time to re-examine the way PSNC works. To contractors, it looks as though it has always reacted to Government proposals, negotiating where possible to mitigate consequences, then persuading us to accept.

The Committee is too big and beset by internal wrangling. As a first step to a more effective

PSNC, a new chairman should be elected for a limited term only. He or she should not seek to make it a full-time job with a hefty honorarium plus substantial expenses, but should oversee the executive for the Committee and act as figurehead when appropriate.

I once joined in the cry for a new chief executive. I was wrong. It is unrealistic to think importing some new star at a fantastic salary will magic us into golden realms. We should recognise the quality of our present paid executive.

We already have the people we need. Can you imagine the frustration they must have built up over the years, being nominally executives — full time, not amateurs — yet having to work under a charismatic chairman who has led for too long?

It is hardly surprising if they appear low key at times. Give them the job they are paid to do, with the least possible hindrance for at least a couple of years, under a new brief.

I believe Steven Axon, supported by his team, has the

solid knowledge to present a case to the Department of Health which would be heard. In case you are doubtful, charm does not come into it. A sound proposition does. We know that.

- The Government wants to reduce the number of pharmacies
- We want a decent return for our expertise and our financial investment, a degree of security, proper provision for

Continued on p910



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Continued from p909

ongoing education and recognition of our value

- We accept professional responsibility for the provision of medicines and cost-effective pharmaceutical services to the community both within and without the NHS.

New concepts

If we make criticisms, we must at least offer possible alternatives. I suggest therefore that PSNC has to grasp a different concept of negotiations.

There is a first vital change. The Government tell us they want to reduce the number of pharmacies. If we are to go along with this, it is essential we get the DoH to acknowledge that it currently operates two tiers of dispensing contracts, with different structures of payment, which are in direct competition and in many cases duplicate services unnecessarily.

All dispensing outlets must be included when considering the proper distribution of services and a reduction of numbers. And since the object is to save money, we must use a global sum which includes the total contract fees paid to pharmacist contractors and dispensing doctors.

Cost inquiry

We must institute a fresh independent cost inquiry now to establish today's overheads, and from that work out the notional professional fee paid to pharmacist contractors. All contractors — GP and pharmacist — should be paid this fee, plus overheads, from the appropriate source.

Currently GPs dispense 8.9 per cent of NHS prescriptions. Currently they are paid approximately the same gross fee as pharmacy contractors, ie a fee, plus notional overhead remuneration. However, their

overheads are already paid under the GP cost rent scheme and staff contracts with the FHSAs. The notional payments for overheads given to them, but calculated for pharmacies, becomes pure profit.

Elimination of this double payment for overheads would alone bring a significant reduction of the true global sum and could be justified. GPs could hardly argue hardship since they would be earning exactly the same net professional fee as we do.

It is possible some might not wish to contract for this figure. A natural reduction of contracting outlets might well occur.

PSNC should develop a package where it acts as prime contractor, arguing hard for its ideas on the actual distribution of the global sum, in light of its experience. A confident PSNC could draw up a formal model contract specifying exactly what those in contract with FHSAs have to do.

Every pharmaceutical services contractor should be required to provide a defined range of core services to the same standard, with additional payments for additional services as required by FHSAs to meet local needs.

The admission to contract would still be administered by FHSAs under the present rules since they are responsible for providing co-ordinated local services, with many having established criteria for admissions or relocations.

Drug costs

We should specify that the Government should negotiate contract prices for drugs supplied on NHS, as an extension perhaps of the hospital contracts which would ensure prices uncomplicated by variable discounts.

Wholesaler margins could be in-built as distributors' fees. With set invoice prices, the

problems with the Prescription Pricing Bureau should largely disappear.

Containment of drug costs (as opposed to price) is a matter to be argued between the Government, manufacturers and prescribers, since we are suppliers only. Striking the balance between maintaining an innovative drug industry and paying a minimum price is a political question.

If we can present a sound case for discussing the distribution of all dispensing outlets, we have the basis for discussing a reduction of numbers.

While rendering small dispensing units uneconomic will certainly reduce their numbers, it is monstrous to contemplate bankrupting any contractor by attrition. I believe we may have to contemplate the loss of maybe 2,000 dispensing outlets, with perhaps 800 to 1,000 pharmacists losing their dispensing businesses.

Any contractor faced with the loss of a viable income should be offered a minimum of one year's current gross fees from within the revised global sum by way of compensation for the purchase and removal of their dispensing contract.

If FHSAs are to have local control of some of the global sum it is essential that we all — PSNC, Society, NPA and LPCs — jointly ensure that a proper training package is available for all FHSAs staff dealing with pharmacy matters.

FHSA input

One FHSA member must also have a seat on the LPC for better perspective, while contractors must have a right to representation on any body disposing of our money.

Since audit of NHS contract work is a priority which is already underway with GPs, we can expect it to be required of us. If we present a proposed

contract which includes the basics of good practice, it would be logical to demand rectification of significant shortfalls where these are shown up, with the threat of swift deductions from NHS payments.

The audit therefore should be conducted by a combined team from our three representative bodies. Otherwise we shall lose control of disciplinary action by default to the FHSAs, who are paying for our services.

Credibility

As our profession is seen to be under unacceptable pressure, it is time to ask whether the current separate establishments of the Society, the NPA and the PSNC are serving pharmacists as well as they might.

When you consider the recent success of joint action by these three bodies, I believe it is time to put them all under one roof, in a lower cost, accessible Midlands location with a simplified executive. Get rid of prestigious metropolitan properties and make the whole a cost-effective, power-effective organisation.

How many staff did we have at Bloomsbury Square? How many members did they cover? How many now? Who said comparisons are odious? I think they could be salutary. Who are we trying to impress? Is it ourselves, the Government? Doesn't seem to have done us much good, does it?

Though NPA has done a good job, its power base is diminishing. It, too, has grown rather well over the past 20 years. The only body which has not suffered empire building is the PSNC — and it hasn't increased its levy for four years!

I leave you with two standard management consultancy propositions:

- Identify corporate mission and values
- What performance criteria apply?

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



You can't recommend more powerful relief.

(1) National Headache Survey, Gallup 1993

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenstrual, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1-2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: hypersensitivity to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy, avoid use. Side-effects: drowsiness, dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.59, 20 tablets £2.77, 50 tablets £5.99. **PREPARATION:** September 1993. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex, U.K.

Thriving in a precinct few shoppers visit

The recession has not given Mr C any sleepless nights. To most observers, he has got it made. His pharmacy with a £500,000 turnover and useful net profit provides him with a comfortable living. If you asked Mr C about business, he would say "it's fine", and he would mean it.

The explanation for this is not immediately obvious, especially bearing in mind the shop's location and the plight of Mr C's neighbours.

Mr C's pharmacy is a large, 1,000sq ft sales unit in a 20-shop precinct, one mile from a massive covered town shopping centre in a post-war new town. These satellite precincts, as many readers will agree, are losing ground to the major shopping centres and retail parks. Some of Mr C's neighbours in nearby units have really felt the recession in the past two years. The sad but all too familiar sight of boarded-up fascias covered with posters tells its own tale.

So there are fewer shoppers visiting this precinct than ten years ago — and many more will be spending their Giros not wage packets. A gloomy scenario for retail, yes, but Mr C has ridden out these problems and many others too. To survive and prosper in this situation does a great credit to Mr C and his staff. This shop demonstrates that when you get it right most of the time, you will make it.

The fundamentals of this pharmacy are right for a start.

Doing good trade in a declining shopping precinct, Mr C seems to have it made, but consultant John Kerry homes in on some problem areas

From the outside, a clean, modern and bright fascia. Inside, plenty of room and light, clean, up-to-date fixtures and a pleasing colour scheme.

Merchandising

The staff work hard at merchandising. Shelves are neatly packed with products and not a speck of dust in sight. Most of the 50 or so sections have been carefully and attractively dressed. Manufacturers' reps will be delighted to see the superb use of shelf edge barkers and tailor-made shelf merchandisers.

The hair colourants section is a work of art. Every "permanent" is supported by a barker and sample lock of the coloured "hair". You would be hard pushed to find a better colourants display in the UK and Mr C gets good sales from these fixtures.

Clearly the staff take great pride in merchandising and have taken the trouble to learn the basic skills involved. It makes for an attractive shop, an interesting place for customers to browse, an easy place to select and, of course, a nice place for them to spend money. So this is the perfect shop? Well

no, it isn't. There are some problem sections, some omissions and one quite strange example of merchandising logic.

The poor section is the baby department, taking up four wall fittings, two long gondola sides and one or two other places as well. If it was a painting, it would be a Picasso, not a Rembrandt.

No order

There is little sign of order or vertical merchandising. Product groups stretch across two or three fixtures, when they could be amply accommodated in one. Baby feeding products are to be found on the wall fixture and behind you in a gondola with sundries. All-in-one nappies run along the bottom shelf in the baby department and on into the fragrance and toiletry section. Not an easy place for mums to find what they want. This is clearly an important section and needs a serious re-think.

Shelf edge prices are not used. Mr C has price gunned the promotional and cut price products with fluorescent labels. Fine, but customers cannot see the price from a few feet. Multiples would whip

their merchandising staff if the shelf edge price tickets were not always in place.

This is a good-sized sales area, with plenty of scope to organise and create interesting departments. This has been largely achieved, with two glaring exceptions.

On either side of the shop there are lockable glass cabinets for fragrances. One is next to men's toiletries, which is fine, but baby care — not so fine. Facing it, 20ft away, the other one is near to skin and hair fixtures. Unfortunately this cabinet separates hair sundries from hair colourants. Mr C has some departmental layout problems.

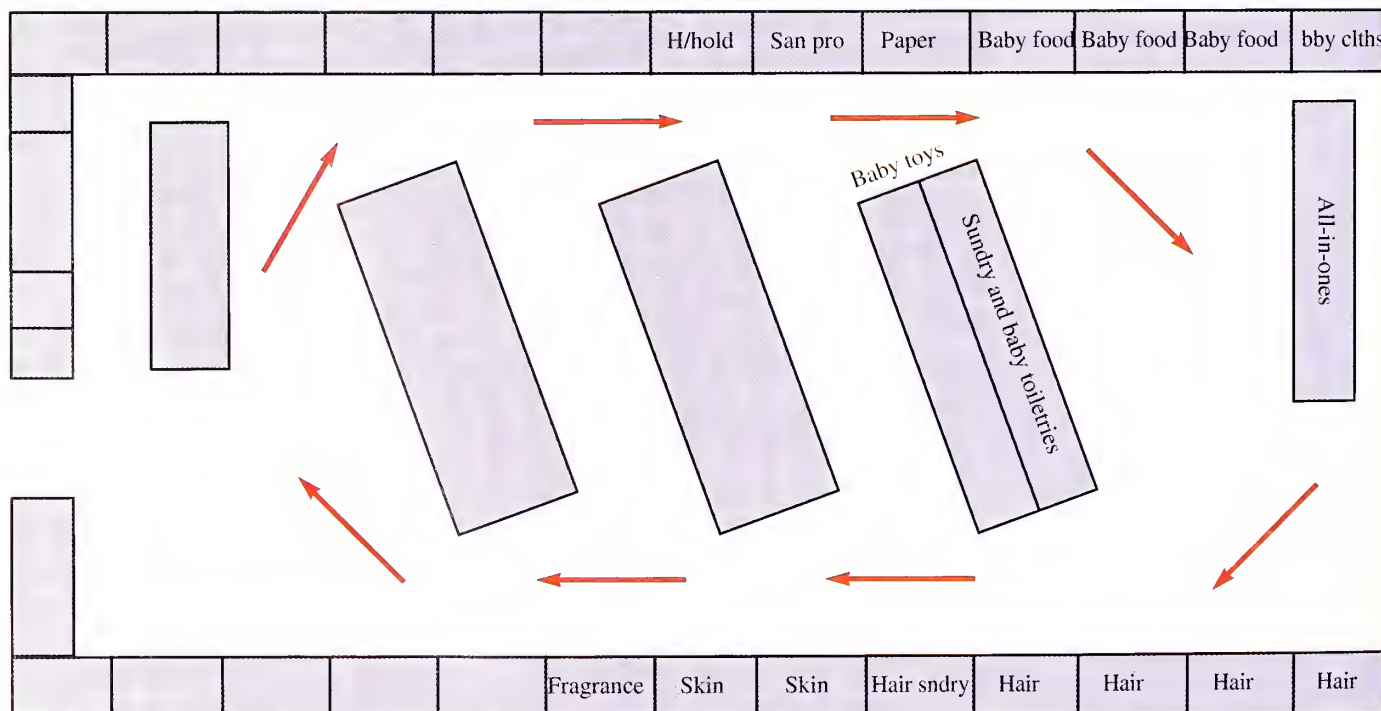
Watching the customers and patients entering the shop, one can conclude that the shape and fitment layout is spot on. The angled gondolas direct them to the left hand side and they exit on the right.

Factor X

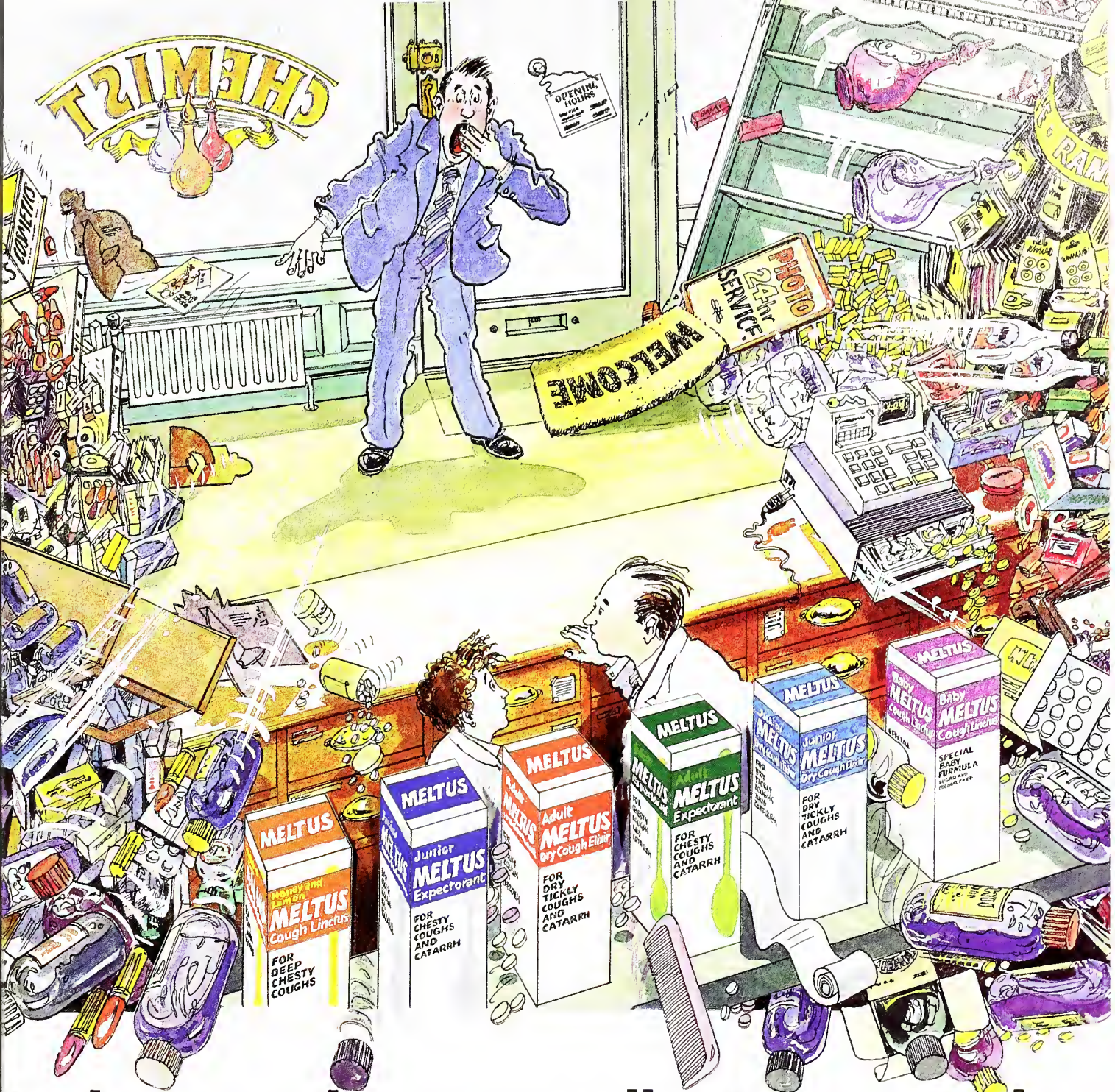
In a few hours it is not easy to assess every factor contributing towards the success or otherwise of a business; it takes longer. Obvious conclusions can be drawn from visual observations and by talking to the proprietor. Often an overriding "factor X" is not detectable.

As good as it is, this pharmacy in a similar location or under different proprietorship could easily be in the doldrums.

Continued on p915



Mr C's is an interesting and attractive shop, where it is easy to select and to spend money



Meltus stands up to really strong coughs

Meltus not only melts away the misery of coughs fast, but now it can also help increase your OTC sales, thanks to our strongest ever promotional support.

For the first time ever, Meltus is on TV and in full page colour advertisements in women's press. The Meltus family of fast-acting cough

medicines provides warming, soothing relief for every type of cough.

Only available through pharmacies, Meltus gives your customers the effective choice they need and the profits you want.

Talk to your Seton representative about support material for this exciting campaign.

MELTUS

melts away the misery of coughs fast

ADULT MELTUS
Expectorant

200ml

Adult
MELTUS
Expectorant

**FOR CHESTY
COUGHS
AND CATARRH**

Original
Guaiphenesin
and Honey
Linctus

CUPAL

**FIRST TIME EVER!
£1 MILLION
NATIONAL
ADVERTISING
CAMPAIGN**



IT'S ENOUGH TO GIVE THE COMPETITION HEARTBURN.

The two new Rennie commercials will make another appearance in December. They're part of a massive TV spend of £2.5 million on a product that's already brand leader. You'll be delighted by the extra demand. But our competition may find it harder to digest.

Factor X in Mr C's shop is a little more obvious than usual. The people who run the shop are professionals — they handle customers well, are genuinely interested in them, cheerful, well-informed and appear to enjoy their work. Apart from the points mentioned above, the shop is kept in apple-pie order, a model for any retail pharmacy to follow.

When you have good staff it is nearly always a sign of a good manager. This is so in this case. Mr C would be successful managing a large department in a commercial concern or a winning sports team. It may be that he has been to management school or is perhaps a natural. He has got it right and the well-selected staff appear motivated, efficient and caring. It could be argued that all proprietors and managers of retail pharmacies should be sent on management courses. And not many would argue.

Mr C not only manages people well but, in his 32 years at this pharmacy, he has handled some business threatening situations pretty well too. Eight years ago, the shop had to deal with a leap-frogger who opened next to the surgery from where Mr C gets most of his patients. At the time the shop dispensed 3,000 items a month but dropped to 2,000 per month overnight.

Mr C responded with sustained good service: longer opening hours (until 7pm), patient records, information sheets and so on. Eight years on, his monthly count is 4,000 and the leap-frogger is wishing he had played a different game.

Likewise, the massive town shopping centre has been erected in recent years. Before then, Mr C's precinct was the main centre. Mr C's answer was to double the sales area by

Type: Independent sole trader

Location: Secondary precinct, 20 shops

Type of premises: Modern, purpose-built, double-fronted, 800sq ft selling area

Products: Conventional, no specialities

Competition: One independent pharmacy, half a mile; town centre multiple and drug stores, one mile

	To Jan 93	To Jan 92
NHS and shop sales	£513,000	£457,000
Purchases	£403,000	£351,000
Opening stock	£43,000	£52,000
Closing stock	(£43,000)	(£43,000)
	£403,000	£360,000
Gross profit	£110,000 (21.35 per cent)	£97,000 (21.4 per cent)
Rent	£11,500	£5,000
Rates and water	£2,800	£3,000
Light/heat/power	£2,000	£1,400
Salaries and NI	£28,000	£26,300
Locum	£12,600	£10,000
Equipment rent	£1,400	£1,200
Print/post/stationery	£2,000	£1,000
Insurance	£700	£600
Repairs and renewals	£700	£500
Subs	£600	£400
Telephone	£500	£400
Miscellaneous	£3,000	£2,700
Accountants	£2,000	£900
Bank and interest	£2,000	£3,500
Depreciation	£1,500	£1,500
Loan interest	£6,200	£8,500
	£84,000	£67,400
Net profit	£26,000 (5 per cent)	£28,600 (6.2 per cent)

building backwards, a new shopfit and, of course, a wider stock range.

Although there are one or two glaring exceptions, this is a good precinct. Other essential retailers, the food shop especially, are go-ahead and

competitively priced and well-stocked. The precinct is on a busy through-road and Mr C's bright neon sign is easily seen by motorists. The car park is free and there is plenty of space.

If you look at the accounts, you will see that Mr C does not

have a greedy landlord. This large main road site with free parking could easily cost more than double. You will notice that £11,500 is after a recent rent review too.

Recommendations

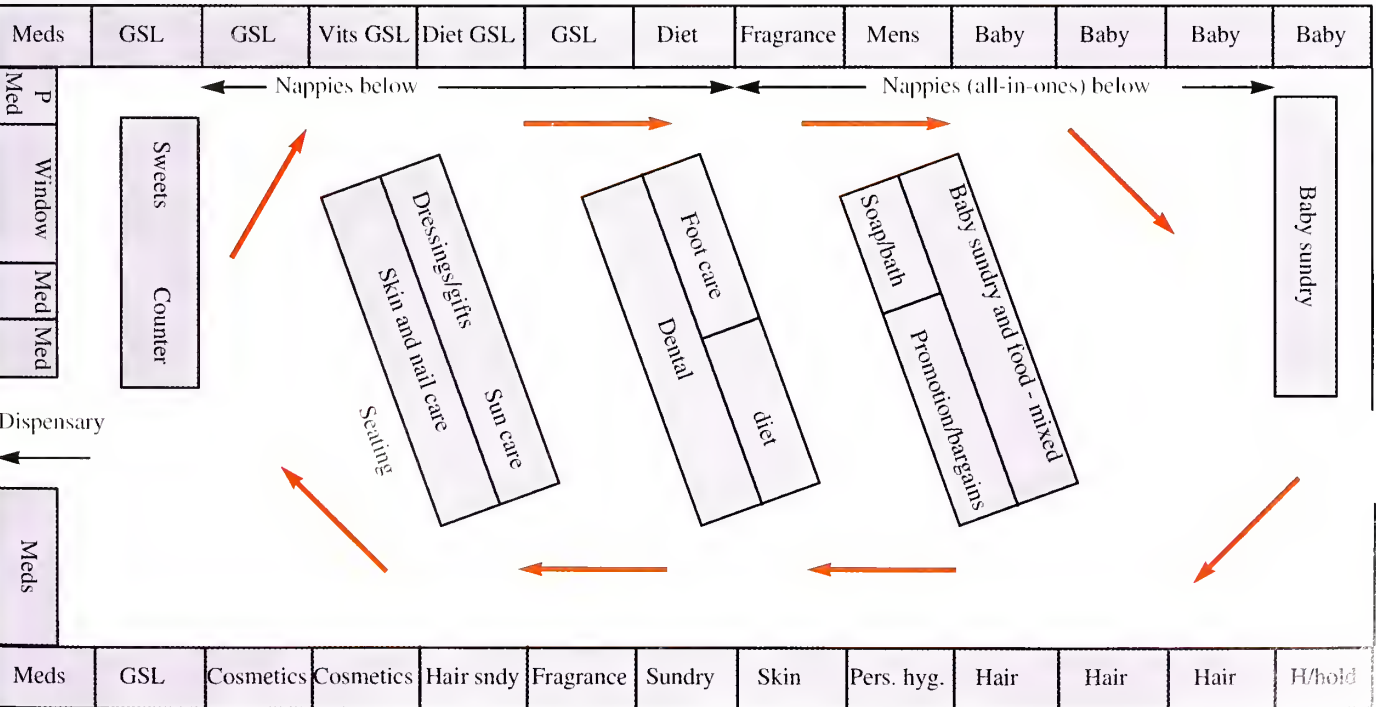
In a successful situation like this, with good growth prospects, who would be foolish enough to propose any drastic changes? It would do no harm to re-arrange the fixtures and fittings to correct the situation mentioned earlier. The baby section needs sorting, using vertical merchandising techniques and putting all like products together.

These proposals are minor, but should have a positive effect. Because the retail side of the business is important and Mr C keeps the prices down, some greater efforts to communicate these good prices are needed.

Shelf edge price tickets for fast movers and price-sensitive lines will reinforce the fluorescent price gun tickets. It could be argued that 800sq ft of sales area, yielding £125,000 a year (£10,000 per month) is inadequate. It is only £3 per sq ft per week after all.

Because this is no doubt due to the local community's lack of awareness of the good prices available here. Mr C may wish to consider shouting these out loud instead of using Day-Glo whispers. In which case, bold signs, posters and bag stuffers are recommended, supplemented by a consistent door to door flyer campaign. All of this publicity is geared to price promotion.

Left alone, this well-managed and successful retail pharmacy will continue to counter the threats to existence and prosper, while Mr C is there with his well-drilled team. There are indications that more cash sales could be generated if the right efforts were made.



The suggestions: only certain areas have been marked for change, particularly the baby section. Other areas are working well

NO PAIN NO SMELL NO MESS NO PILLS



NO CONTEST

Since its launch in 1991, Ibuleve has become one of the most successful OTC brands ever.

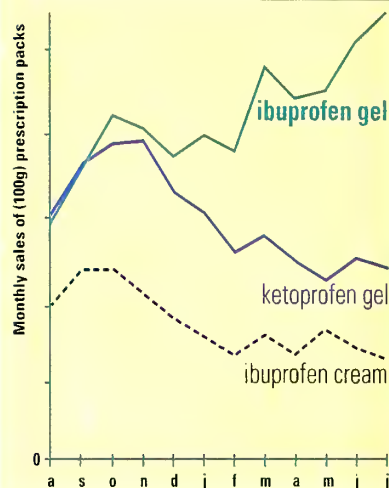
The main reason for this success is that Ibuleve is a truly excellent product.

Ibuleve (ibuprofen gel) delivers effective relief from pain in an unique formulation that sufferers find highly acceptable and convenient to use.

And it's not only the sufferers who approve - doctors do too...

The graph below shows comparative sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.

PRESCRIPTION SALES OF IBUPROFEN GEL, IBUPROFEN CREAM AND KETOPROFEN GEL



The trends speak for themselves and they are not surprising. The clinical effectiveness of ibuprofen has been endorsed in numerous international studies of different formulations/strengths, some in comparison with other locally available NSAID's e.g.

*"(Topical) ibuprofen proved significantly more effective and faster than ketoprofen in resolving spontaneous pain"**

But despite this success, there are still thousands of sufferers who don't know about Ibuleve.

That's why we are spending over £1 million on TV and Magazine Advertising directing sufferers to ask you, the pharmacist, about Ibuleve.

We think we know what you will be telling them...

PAIN RELIEF WITHOUT PILLS

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ.
Active Ingredient: Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away from broken skin, lips and eyes. not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients. FOR EXTERNAL USE ONLY. **Legal category** [P]. **Packs:** Tubes of 30g (PL0173/0060), price £3.79.

*Ref: Picchio A.A. et al, Medicina dello Sport, 34, 1981.

Pharmacyupdate

Diagnostic urine testing

The advantages of of urinalysis are that it can be performed quickly, easily and conveniently.

Pregnancy testing is now a standard service in many pharmacies. It may not be long before community pharmacists are routinely asked to carry out diagnostic urine testing for diabetes, urinary tract infections and other disorders.

Urinalysis can be used in the diagnosis of a disease state or in the elimination of possible causes of illness.

It also has a role to play in the monitoring of conditions such as diabetes and can be used to assess the effectiveness of therapy.

Urine collection

Patients bring urine samples in all manner of receptacles, from medicine bottles to jam jars. For urine testing in the pharmacy there is no need for the container to be sterile.

- All containers should be clean and dry to minimise the risk of bacterial or chemical contamination.

- All urine should be "fresh" to obtain the best reading.

Sensing problems

The appearance of urine can vary from almost colourless to a dark yellow/orange. Any red/brown colour may be due to the presence of blood; urine which is yellow and froths when shaken may contain bilirubin.

Other factors can alter the colour — eating beetroot can turn the urine of some people red.

Medication can also cause the urine to change colour — laxatives containing cascara and danthron will turn urine orange, phenolphthalein will turn it pink if in an alkaline environment, L-dopa will turn it brown on standing, while some methylene blue products will make it blue/green.

In most cases, the smell of urine is inoffensive. Infected urine will smell foul when passed and this will worsen with standing. If urea-splitting bacteria are present in the urethra, the urine can have an ammoniacal smell. Patients with diabetic ketoacidosis will have urine that smells of acetone.

What to test

Diagnostic reagent strips are available which can perform up to ten tests on one urine sample. A strip such as this will cost in the region of £0.25, compared to £3 for sending a sample to the laboratory which

may only test for one parameter.

Case history

Your GP asks you to perform urinalysis on Miss X, a 33 year-old woman who has experienced two episodes of renal colic during the previous nine months, what do you need to know and how do you interpret the results?

- **Glucose** This is not normally detected in urine. Its presence can arise through elevated blood glucose levels or reduced renal absorption as a result of diabetes mellitus, Cushing's syndrome, acute pancreatitis or even stress.

- *Miss X's sample is negative for glucose.*

- **Bilirubin** This is a useful test as bilirubin can appear in the urine before there are any symptoms of hepatic or biliary disease.

But stale urine can give a false negative result while phenothiazides and chlorpromazine can give false positive results.

Patients should also be tested for urobilinogen as high levels are seen in liver malfunction or when there is destruction of red blood cells, for example in haemolytic anaemia.

- *Miss X is negative for both.*

- **Ketones** It is important that urine is tested for ketones as well as glucose as ketonuria can occur without glycosuria. Ketones, which are not normal urine constituents, are formed when fatty acids are metabolised. This occurs when diabetes is poorly controlled or during starvation.

If the patient is positive and diabetes is known or suspected, it is vital that the condition is treated before the patient lapses into a coma.

False positive results may be seen when the patient is taking phenolphthalein or L-dopa metabolites.

- *Miss X has a negative result for ketones.*

- **Blood** Blood may be present in the urine in cases of serious renal or urological disease, or if there is a urinary tract infection. At-risk patients should be tested regularly and persistently positive results should be investigated further.

False positives can arise if the urine is stale or if the container is contaminated with bleach or povidone iodine.

- *There is blood present in Miss X's urine sample.*

- **Protein** The proteins albumin and globulin are present in the urine in small amounts, but this



With GP fundholders set to be the main purchasers of pharmaceutical services in future, pharmacists may find themselves the providers of services such as urinalysis. Marianne MacDonald outlines the basics of this useful diagnostic tool

is not sufficient to register positive on reagent strips. It is best to use first morning urine to ensure good protein concentration.

Persistent positive tests could indicate renal disease, urinary tract infection, hypertension, pre-eclampsia or congestive heart failure. The nitrite, blood and leucocyte tests should be examined as an aid to further interpretation. False positives may occur when the urine is strongly alkaline or buffered.

- *Miss X has a trace of protein in her sample.*

- **Nitrites** These are only present in the urine when gram-negative bacteria convert nitrate from food into nitrites. A positive result would indicate a urinary tract infection.

False negative results can arise when there is a shortage of dietary nitrates, gram-positive bacteria are the cause of the infection or if the urine has been in the bladder for such a short time that conversion from nitrates to nitrites has not taken place.

- *Nitrites present in the urine sample from Miss X.*

- **Leucocytes** Urinary tract infections can produce pus cells which in turn release an esterase that reacts with the reagent pad.

- *Miss X's sample is negative.*

- **Specific gravity** This can assess kidney function as well as helping in the interpretation of other results. Persistently low concentrations may be caused by renal abnormality or high fluid intake. A high concentration could be due to dehydration but it usually indicates good kidney concentrating ability.

- *Miss X's sample has a specific gravity of 1.02.*

- **pH** Normal urine pH is slightly acidic with a value of 5 or 6, but it can vary from 4.8 to 8.5. Low values are seen after an overnight fast and high values after eating. A pH of less than 4 would indicate uncontrolled diabetes, starvation or dehydration. A pH in excess of 8 is seen with stale urine samples.

- *Miss X's sample is pH8 which suggests the sample is stale. However, upon questioning, you discover that it was collected 20 minutes earlier.*

Conclusion

Miss X is positive for blood and nitrites with a trace of protein, which leads you to conclude she is suffering from a urinary tract infection probably caused by a gram-negative bacteria.

Although a further sample will need to be sent to the hospital laboratory to ascertain which bacteria is causing the trouble, the GP now has enough information to initiate antibiotic therapy.



When silence would be golden

Most of us experience 'ringing in the ears' at some time in our lives, but for many patients, it is a constant problem. Adrienne de Mont investigates what can be done about tinnitus

Tinnitus is the term for continuous noises in the ears or head for which there seem to be no external source. The noises are variously described as ringing, buzzing, drilling, humming, clicking and chirping.

Most people experience these effects at some time, particularly after exposure to very loud sound, but in some individuals the noise persists and becomes so intrusive that it seriously affects their quality of life. Some 600,000 people in the UK find it causes severe annoyance and 200,000 people have tinnitus so badly they cannot lead a normal life. Some sufferers even contemplate suicide as the only means of escape.

Pathophysiology

The condition is poorly understood and there is often no apparent cause. Tinnitus is commonly present in ear disorders such as otosclerosis, otitis media and Ménière's disease — or simply when there is too much wax in the auditory canal. In Ménière's disease, the tinnitus is accompanied by severe vertigo, nausea and deafness.

Tinnitus has also been linked to hypertension or, more rarely,

to metabolic disorders such as hyperlipidaemia and hypo or hyperthyroidism.

Most patients describe the onset as gradual, but in some cases tinnitus starts suddenly and is linked with head injury, upper respiratory tract infection, exposure to loud noise or some emotional stress. Some people complain of tinnitus after ear syringing.

The physiological mechanisms responsible for tinnitus are still unclear. The latest theory, put forward by Jonathan Hazell of the Royal National Institute for the Deaf's Medical Research Unit in London and his colleagues at the Baltimore Tinnitus Centre, is that tinnitus is a disorder of sound perception rather than an ear problem (1). Although tinnitus generation may be associated with disorders in the cochlea or cochlear nerve, it is the way patients interpret these signals in the brain that is important.

Mr Hazell believes that the main difference between people who find tinnitus troublesome and those who do not is that the former perceive it as a threat rather than an experience which is of little consequence. Those who consider tinnitus threatening

are unable to do anything but listen to it.

"It is part of the mechanism that we have developed for self-preservation, although clearly in this situation it is not working to our advantage," he says.

Drugs may also be to blame. Among those implicated are aspirin, non-steroidal anti-inflammatories, loop diuretics, beta-blockers, quinine, some anti-cancer agents and some tricyclic antidepressants. With aminoglycoside antibiotics, tinnitus can indicate ototoxicity and potential hearing loss.

Benzodiazepine withdrawal after long-term use can cause tinnitus which may persist for many months.

Management

Patients should be advised to see a GP who may then refer them to a specialist centre for further examination.

Sometimes the cause of the noise is found and can be cured. But for most people treatment concentrates on helping them to modify their perception of the sound.

First, they should try to avoid loud noise or wear ear protection. Some people note a significant reduction in tinnitus if they avoid caffeine and nicotine, so smokers should be advised to stop. Any medications that could be causing the symptoms should be re-evaluated.

• **Drug therapy** Drugs are rarely used in treatment other than to help the patient's emotional status. While stress may precipitate tinnitus or make it worse, the tinnitus itself can lead to depression or anxiety.

Anticonvulsants have been tried, but with poor results. Intravenous lignocaine may abolish the noises for brief periods but is impractical as a long-term measure.

Tocainide has been used successfully in a few patients but trials have reported mixed results and serious side-effects. A recent placebo-controlled trial of alprazolam showed beneficial effects in 13 out of 17 patients.

• **Masking** The main approach to management in the past has been to mask the internal noise by creating more external sound. Some sufferers find that playing the radio softly can help them get to sleep at night. So-called sleep machines which generate soothing sounds may also be useful.

If there is some deafness, hearing aids may help by amplifying external sounds. Masking devices are available which look like hearing aids but produce specific noises to detract from the tinnitus.

• **Auditory retraining** Mr Hazell believes that successful management must be centred around a process of retraining the patient not to regard tinnitus as a threat or a warning signal. This process can take months or even years.

He suggests firstly a proper examination by a specialist interested in tinnitus followed by a full explanation of what is

going on in the ear and brain to produce the noises. Patients should be reassured that they are unlikely to be suffering from a tumour, blood clot or serious mental illness, nor are they likely to be going deaf.

This is followed by counselling from audiologists and/or psychologists to change strongly-held views that tinnitus is an unpleasant experience which cannot be altered. Rather than using maskers to make the tinnitus inaudible, Mr Hazell believes better results are obtained with wearable white noise generators which produce low sounds through which the tinnitus can still be heard.

Eventually a process of habituation occurs in which the individual responds less and less to the stimulus. The mechanism underlying this auditory retraining is not fully understood, but the net result is that attention is diverted from the tinnitus and frequently the perception of tinnitus is lost.

Alternatives

Other experts have recommended relaxation techniques such as biofeedback as a means of reducing the stress which can accentuate the severity of tinnitus. In one trial of hypnosis, just over one-third of those taking part thought the effects of relaxation were beneficial even though only one person experienced a reduction in their tinnitus (2).

Another advocate of counselling is clinical psychologist Richard Hallam. He writes in his book *Living with Tinnitus* (Thorsons Publishing Group) that, although psychotherapy offers no magic cure, it can help people with considerable debility begin to lead a normal life again.

He describes how sufferers can learn to tolerate the noises until they become no more distressing than the sound of their own breathing.

"I and my colleagues now strongly believe that the normal response to tinnitus is the gradual development of tolerance," he writes. Although tinnitus can produce the most extreme state of despair he says: "Do not let the sense of hopelessness hold you back from seeking help."

Support groups

Finally, there is much to be gained from support groups. The British Tinnitus Association runs a nationwide chain of self-help groups whose activities range from counselling to fund-raising and social events. The association supplies advice aimed at enabling people to avoid or lessen the common effects of tinnitus such as stress, insomnia, depression and social isolation.

• **The British Tinnitus Association**, Room 6, 14 West Bar Green, Sheffield S1 2DA.

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2. Marks N. J. et al. *Clin Otolaryngol* 1985, 10: 43-46.

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Building on formulary development

The initial approach which community pharmacists make when advising GPs on prescribing issues is one of the key factors in determining how that role might subsequently develop.

In the last article of a three-part series, Andrew Burr and Richard Lewis assess the impact of a pharmacist's advice on the practice's diuretic prescribing, and discuss some future developments for pharmacists from emphasis being placed on therapeutics and patient care rather than cost alone.

Regular feedback is needed if participation and continuous commitment to a formulary are to be sustained. It is essential that prescribing performance is monitored and compared with the requirements of the formulary — not simply to measure compliance and provide feedback but also to identify areas which need revision.

Level 3 PACT data is the best tool for such purposes since it provides the hard facts on which to base a periodical review.

It is always important to consider all the variables, which can include a shift in hospital prescribing, change of local specialist or influence of a particular pharmaceutical representative. One should not underestimate the work involved in obtaining and analysing such data.

Demonstrable changes in prescribing costs for a practice may be sufficient to encourage greater pharmaceutical input if cost reduction is the only objective. But, increasingly, there is a need to show improvements in quality and outcome measures.

Relating prescribing data to hospital referrals is an effective means of arguing for investment in primary healthcare. A good example of this is the encouragement of GPs to prescribe inhaled corticosteroids to asthma sufferers, which will lead to increases in drug expenditure, but an overall fall in asthma referrals.

Defined dose

The use of defined daily doses is also useful when attempting to evaluate a benzodiazepine withdrawal programme. Prescription numbers may remain unchanged, or even increase, but consumption expressed in terms of DDDs per

1,000 patients should fall.

Failure to monitor compliance means, however, that lessons learnt in formulary development are soon forgotten.

Comparing one practice's Level 3 PACT data for the same quarter 12 months apart, it is possible to see the substantial changes that pharmacist involvement can achieve (see diagrams).

Following the therapeutic and interdisciplinary approach to diuretic prescribing, the number of diuretic prescriptions issued fell by 200 prescriptions but expenditure fell by over £1,800 for the practice.

Prescribing rise

Although the practice's generic prescribing of diuretics rose by a further 11 per cent, there was a sharp rise in the use of bendrofluazide and in particular the use of the 2.5mg strength. Substantive falls in potassium-sparing diuretics and combination diuretic products highlight the quality aspects of the work.

Such an approach makes the building of interprofessional bridges very easy, and enables expansion of professional pharmaceutical services into the primary healthcare team.

Pharmacists were traditionally the compounders of medicines working in apothecaries. This role diminished with the increased activity of the pharmaceutical industry. In recent years, pharmacists have relied on the dispensing service as the mainstay of pharmaceutical services.

With the arrival of original pack dispensing and advances in information technology, the pharmacists' involvement in the dispensing process will decline. The future role of the pharmacist must be as an adviser to healthcare

professionals and patients alike. The evolution of this role depends very much on the ability of the pharmaceutical profession to work closely with their GP colleagues.

If community pharmacists are to develop their role, they must demonstrate that they possess the necessary knowledge and skills to deliver an improvement in the quality of patient care. Even the most reticent practitioner would find it difficult to argue against greater pharmacy involvement in primary healthcare if it can be shown to benefit their patients.

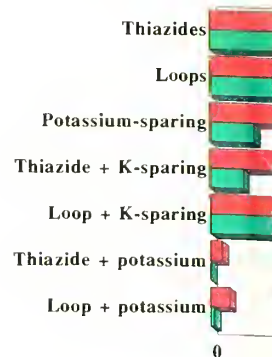
By using their knowledge and experience of drugs and therapeutics, pharmacists should be able to carry out or expand many of the new or existing niches in the primary healthcare team.

There is no doubt that, if pharmacists fail to take advantage of such opportunities, then other healthcare professions will. A professional who shows an ability to advise on drug treatment, on an individual patient basis, certainly has a role to play within the healthcare team.

One major question that remains is whether all pharmacists are equipped to undertake such roles at the present time. Through carefully planned postgraduate pharmacy education courses most could attain the skills and practical experience necessary.

By establishing a role model, where the pharmacist provides therapeutic advice and is an integral part of an interdisciplinary and patient-centred approach to drug therapy, the development and extension of the pharmacists' role is made easier.

A pharmacist-led expansion into other healthcare arenas is possible if the respect and



January - March 1993

Source: PACT data

Thiazide Di

Jan - Mar 1993



Source: PACT data

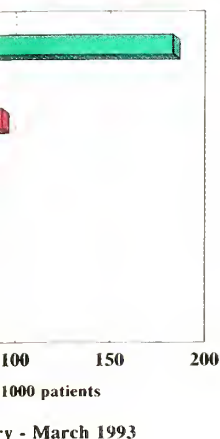
co-operation of other health professionals can be obtained.

It seems both sensible and practical to encourage pharmacists to review the appropriateness of repeat medication. This would involve pharmacists examining medical notes, discussing treatment options and counselling patients on compliance.

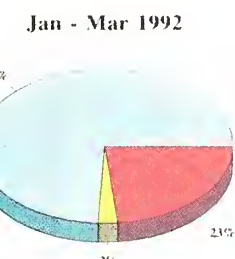
Some might regard this as a lessening of the prescriber's role whereas, in fact, the opposite is true. It would serve to maximise resources by identifying patients in need of pharmacological review. It would certainly help to avoid situations, often experienced in community pharmacies, where a pharmacist may wish to intervene but other commitments or simply the patients' eagerness to have their prescription dispensed prevent any action being taken.

Improve quality

Increasing evidence that a proportion of hospital admissions are due to iatrogenic disease and that pharmacist involvement may improve the quality of prescribing, as well as reduce the GP's workload, are two factors increasing the momentum for active pharmacist involvement in the



Prescribing



rofluazide 5mg
amide

repeat prescribing process.

Enhanced patient contact and involvement in repeat prescribing issues would logically lead to the pharmacist becoming increasingly involved in the decision making process. The community pharmacist has seldom been involved in this process and any movement towards an interdisciplinary approach to treatment should be welcomed.

However, to achieve such a goal, it may be necessary for

the pharmacist to be based in the doctor's surgery, a move which, at present, some pharmacists and GPs would view as a step too far.

Most GPs do not want to know what the actual plasma level of a particular drug is. Instead, they would prefer to be told what action is necessary. Pharmacists should be able to use their knowledge of pharmacokinetics and patients' characteristics to interpret drug level measurements and recommend the appropriate course of action.

Pharmacy support

Domiciliary visits may be a means of providing pharmacy support for GPs when reviewing medication and improving compliance. Such opportunities would also enable pharmacists to advise on the storage of medicines in the home as well as further develop communication skills and contact with patients.

Enhancing one's professional role with patients is likely to lead to further expansion of a patient-oriented pharmaceutical service. Moreover, this would result in a wider acceptance of the pharmacist's role.

Developing a role for pharmacists in diagnostic screening should be welcomed, although it is vital that this is integrated into the primary healthcare network. Agreement of service levels and quality standards are essential if such a service is to be implemented. In addition, such a development must have the support of the local GPs.

There is large variation in the types of dressings prescribed and therefore there is a need for pharmaceutical advice. A pharmacist with a working knowledge of such products could help improve care and augment the existing role of district and practice nurses in wound management.

If pharmacists are to enhance their professional role with patients, it is vital that they can demonstrate to patients their ability to provide appropriate advice. Too often patients fail to get, from family doctors and pharmacists alike, the necessary advice on the

effective use of medicines.

How many patients are told to rinse their mouth with water following the use of an inhaled corticosteroid, and then to discard, not swallow, the residual? How many patients have their inhaler technique checked regularly?

The answers to these questions are an indictment of the healthcare professions which must try to ensure compliance. Patient advice not only improves the quality of patient care but improves the pharmacist's professional standing.

Many more people visit a pharmacy each day than visit a GP surgery. Therefore, the involvement of community pharmacists in health promotion campaigns is essential if the message is to reach its target audience.

Liaising with the local GP practice is important to ensure continuity throughout the primary healthcare team. Working with the local practice would help the community pharmacist to reinforce the important points which the GP makes. If the community pharmacist knows, in advance, about changes to medication and their rationale, he can help allay any concerns patients may express.

A good example, which illustrates the importance of such communication between GP practice and pharmacist, is when a practice decides to change prescribing patterns.

High levels

In the past, pharmacists have been concerned with the high level of benzodiazepine prescribing, resulting in the advice that pharmacists should encourage patients on long term treatment to question their doctor's prescribing habit. Yet such initiatives will fail as the issue is complicated by numerous factors such as patient demand, convenience and the withdrawal syndrome.

Many GPs feel that withdrawal of such drugs can result in more problems and an increased workload. There is a desire for additional support, support which pharmacists traditionally have not provided. Active pharmacy involvement could provide the necessary

support and, more importantly, encourage increasing numbers of patients to reduce their usage of such drugs.

Needle exchange schemes provide a further opportunity for pharmacists to get involved with issues of drug addiction. Providing advice on the health risks associated with sharing needles will illustrate the all-round abilities of pharmacists as healthcare professionals.

Increasingly, GPs are being asked by local hospitals to prescribe high-cost medication of which they have no experience and have never initiated. Apart from the problem of the high cost of such medication, many GPs are loathe to take the clinical responsibility for medication of which they have little or no experience.

Drugs such as cyclosporin, erythropoietin and goserelin have increasingly moved into the community. It is vital that patients treated in the community with such drugs are carefully monitored, a task pharmacists should be involved in.

Achieve outcomes

Pharmaceutical care can be defined in terms of the delivery of advice which seeks to achieve definite outcomes that improve the quality of life for patients.

The key to the development of the pharmacist's role and delivery of pharmaceutical care is that pharmacists must be prepared to take responsibility for advice and actions — too few pharmacists seem prepared to accept this responsibility.

Formulary development and prescribing advice will open the door to greater pharmacy involvement, yet the extent to which that involvement progresses depends on the individual pharmacist's ability to deliver healthcare.

Too many pharmacists appear preoccupied with the remuneration issue. To bury one's head in the sand at such an important time for the profession will only mean that opportunities are simply missed.

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Benefits of intensive treatment for diabetes

The daily management of diabetes is burdensome but the long-term complications, including retinopathy, nephropathy, neuropathy and cardiovascular disease, have caused the most morbidity and mortality since the introduction of insulin.

Those are the words of the Diabetes Control and Complications Trial Research Group in its important report on the effects of intensive insulin treatment in 1,441 people with diabetes. The study, the largest of its kind to date, provides convincing evidence that the effort of controlling blood glucose closely is worth the associated risks.

The study was in two parts: primary intervention in 726 people with no evidence of retinopathy, and secondary intervention in 715 with mild retinopathy. Each group was randomised to conventional therapy with one or two daily injections, intensive therapy with an external insulin pump



or three or more daily injections. Follow-up was for an average of 6.5 years, amounting to 9,300 years of experience.

The mean blood glucose level in the intensively treated group was 155mg/dl, significantly less than the 231mg/dl achieved with conventional therapy.

In the primary intervention group, the incidence of retinopathy was similar regardless of treatment for the first three years, then intensive treatment began to pay

dividends: after six years, the incidence of retinopathy was 76 per cent lower with intensive treatment. In the secondary intervention group, retinopathy transiently worsened but the risk of progression of retinopathy was reduced by 54 per cent and the risk of severe disease by 47 per cent.

Intensive treatment also substantially reduced the risk of other complications of diabetes in both primary and secondary groups. The risk of nephropathy, as indicated by microalbuminuria, was reduced by 34-43 per cent; the appearance of neuropathy was reduced by 57-69 per cent; and the development of hypercholesterolaemia was reduced by 34 per cent overall. There were no differences between the treatment groups in deaths during the study.

The cost of achieving these benefits was an increase in the incidence of severe hypoglycaemia: with intensive treatment, there were 62 episodes per 100 patient-years

compared with only 19 with conventional therapy, and 16 and five episodes of coma or seizures respectively. Forty patients receiving intensive therapy were admitted to hospital on 54 occasions, compared with 27 admitted on 36 occasions in the other group.

Weight gain was more common with intensive treatment — on average, each patient gained 4.6kg more in weight than those receiving conventional treatment. There were no differences in quality of life assessments, despite the greater demands of the intensive regime.

So intensive insulin treatment reduces the complications of diabetes in the medium term; it remains to be shown whether there is any effect on mortality. The gains were achieved by specialists at considerable cost, time and effort, the authors say, and new strategies will be needed if this technique is to be affordable in the community. *New England Journal of Medicine* 1993; 329: 977-86

Diet and diabetes

Since 1976, the American Diabetes Association (ADA) has recommended a diet high in carbohydrate and fibre and low in fat for people with diabetes, because the former does not affect blood glucose control and the latter decreases the risk of heart disease.

But it has never been shown that anyone was taking any notice of the recommendations. So specialists in Boston extracted data from the Nurses Health Study, an ongoing study of health in 121,700 women, to evaluate diet among diabetics.

They identified 1,329 female diabetics and compared their diet with age-matched controls from the community.

They found, contrary to advice, that diabetic women consumed the same amount of non-sucrose carbohydrates as non-diabetic women. Older women with non-insulin dependent diabetes consumed more fat and meat and less carbohydrate than controls. Overall, diabetic women opted for hot dogs and hamburgers rather than cakes and cookies, but consumption of cereals and vegetables was similar to that of controls.

This study suggests that half the dietary message is getting through: diabetic women are avoiding foods which are obviously sugary because of concern about calorie intake and glucose control. However, they are ignoring the importance of fat intake to the risk of cardiovascular disease — a particular concern, since this is increased in diabetes. Their diet, the authors conclude, is not that favoured by the ADA. *Diabetes Care* 1993; 16: 1356-62



Personality and clinical trials

What sort of person volunteers to take part in a clinical trial? Not a normal person, you might think, not if they knew the risks. But subjects in clinical trials are supposed to be representative of the community as a whole and, if they are not 'normal', how should the results of the trial be interpreted?

To explore this dilemma, a London psychiatrist gave a personality questionnaire to 65 men participating in a dose-ranging trial of a new centrally-acting drug.

This group, average age 24,

was clearly in it for the money: most were students or globetrotters. Twenty per cent even said they would be prepared to take drugs with potentially strange or dangerous effects. Overall, they scored highly on measures of extroversion and low on psychoticism and neuroticism, indicating that they have little tendency to anxiety and they tend to seek out new experiences.

This positive, outgoing attitude is hardly representative of the typical patient about to take a psychotropic drug. This could influence both the tolerance of adverse effects and performance in tests of psychomotor function, and underestimate the potential negative effects of the drug on patients.

British Journal of Clinical Pharmacology 1993; 36: 369-71

Ulcer relapse studied

In a recent German study of 1,923 people with recurrent duodenal ulcer treated with ranitidine 300mg/day, ulcer healing was confirmed endoscopically in 38, 69 and 90 per cent of recipients at two, four and eight weeks respectively.

This is typical of the healing rates achievable with H₂ antagonists, but why does one person respond to treatment quickly when others need to continue for two or three months? To find out more, factors which in theory could have delayed healing were identified and correlated with the response to treatment.

Contrary to expectations, alcohol intake, a family history of ulcers and prior frequent recurrence were not predictive of slow healing. There was no evidence that non-steroidal anti-inflammatory use delayed healing, although few patients were taking these drugs.

Factors which were significantly associated with slow healing included smoking, large or multiple ulcers and chronic (but not intermittent) psychological stress.

In patients without risk factors, the mean healing time was 3.3 weeks. This increased as each risk factor was added: to 3.7 weeks with one; 4.4 weeks with two; and 5.1 weeks with three or more risk factors.

But there is limited scope for intervention to modify these risk factors. Only smoking can easily be changed, and healing rates for ex-smokers are similar to those of current smokers. *Gut* 1993; 34: 1319-26

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Knowledge and use of HRT

Hormone replacement therapy (HRT) provides very important benefits for women: not only does it relieve the symptoms of the menopause but, taken prophylactically, it protects against osteoporosis and cardiovascular disease.

The economic benefits are also substantial. Osteoporosis costs the NHS about £700 million annually in broken bones and early death, and the likely savings from a reduction in coronary heart disease probably dwarf even that figure.

These potential benefits help to explain why HRT is now being promoted so enthusiastically but the uptake in the UK is low. To find out why many women appear to be ignoring a treatment apparently so useful, researchers in Aberdeen surveyed 1,122 pre- and postmenopausal women in the Grampian region.

Only 9.3 per cent of the postmenopausal women were

currently taking HRT; a further 7.1 per cent had taken it in the past but had since stopped. Despite this, 75 per cent of non-users said that the menopause is a medical condition which should be treated and 58 per cent said women with distressing symptoms should take HRT.

However, it appears that some women think HRT is a good thing in general, but not for them in particular. About half of respondents were unsure that the benefits of HRT outweighed the risks, and around 50 per cent of non-users thought that natural methods were better.

HRT use was not significantly related to educational level but users did report a higher frequency of symptoms than non-users: for example, 20 per cent of non-users reported depression or insomnia compared with 35-50 per cent of past and current users.

Many women said they would use HRT if their GP

advised them to do so; if they could use a skin patch; if it would stop hot flushes; and if they knew someone who used it without problems. Negative aspects included bleeding.

Knowledge about HRT was generally poor. Few women knew of the risk of unopposed oestrogens and older women were uncertain of the risks and benefits of HRT. Less than a third of respondents knew that osteoporosis is asymptomatic until a fracture occurs, and two-thirds of postmenopausal women were unaware that oestrogen deficiency predisposes to osteoporosis.

This survey reveals a great deal of ignorance about the risks associated with the menopause and HRT use. Despite publicity in the medical and lay media, the message is not getting through to many women: only one-fifth of postmenopausal women had even considered taking HRT. *British Journal of General Practice* 1993;43:365-70



Formulation of topical NSAIDs

As topical non-steroidal anti-inflammatories are considered for NHS blacklisting and more become available OTC, pharmacists will be faced with the task of recommending the most appropriate product for their customers. One obvious difference between brands, which will undoubtedly influence consumer preference, is the formulation: is there any difference between a gel and a cream?

Swiss pharmacists have tackled this question using an *in vitro* preparation of skin taken from women undergoing plastic surgery on the breast or abdomen.

After cleaning, each sample was used as a semi-permeable membrane between a "receptor phase" of physiological saline and the NSAID formulation applied to the free side. They then compared the influence of gel and cream (oil-in-water emulsion) formulations of ibuprofen — including a Brufen cream manufactured by Boots — on epidermal drug concentrations after application for up to two hours.

They found that the application time did not affect epidermal concentrations of ibuprofen; two hours achieved levels no higher than those occurring after only 30 minutes. However, the ibuprofen concentrations after application of the gel were two-fold greater than after the cream at all times. Occlusion enhanced absorption only slightly.

Does this finding mean that NSAID gels work faster than creams? Possibly, though further studies are needed on skin when it is being worn by humans. If substantiated clinically, it would certainly be an advantage in the treatment of sprains and strains. *British Journal of Dermatology* 1993; 129: 286-91

Women smokers on the increase

Smoking is increasing among women in the UK. Currently, around 30 per cent are smokers compared with 33 per cent of men, but they are expected to overtake men soon.

The problem is similar in Canada, where death from lung cancer is about to become more common among women than death from breast cancer. Epidemiologists in Toronto have been looking at the risk women take by smoking, and found an interesting parallel with alcohol.

They compared tobacco consumption among 442 women and 403 men with histologically proven cancer of the trachea, bronchus or lung, matched for age and area of residence. Women reported a lower cigarette consumption than men, and women had been smoking for an average of two years less. Men tended to smoke more non-filtered cigarettes and started smoking at a younger age than women.

Among men and women there was a dose-dependent increase in the risk of cancer, but the dose-response curve was steeper for women. When consumption was standardised according to number of pack-years of smoking, the risk of cancer among women was two to three times greater than among men.

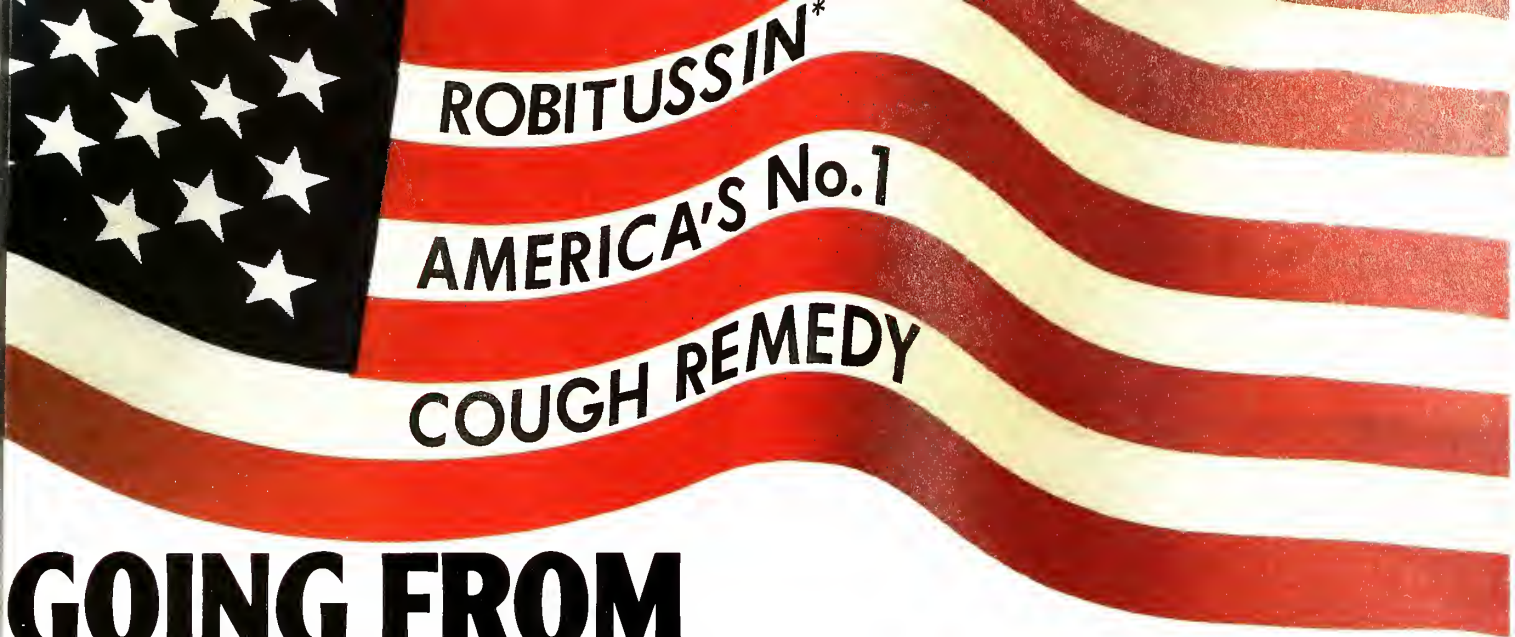
Like alcohol, tobacco appears to be more dangerous for women than men. Whether this is simply that women take



Picture courtesy Kabi Pharmacia

higher doses per kg because they are smaller is uncertain. But if consumption continues to rise, many more women than

men will be dying of lung cancer. *American Journal of Epidemiology* 1993; 138: 281-93



ROBITUSSIN*
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COUGH REMEDY

GOING FROM STRENGTH TO STRENGTH HERE IN THE UK.

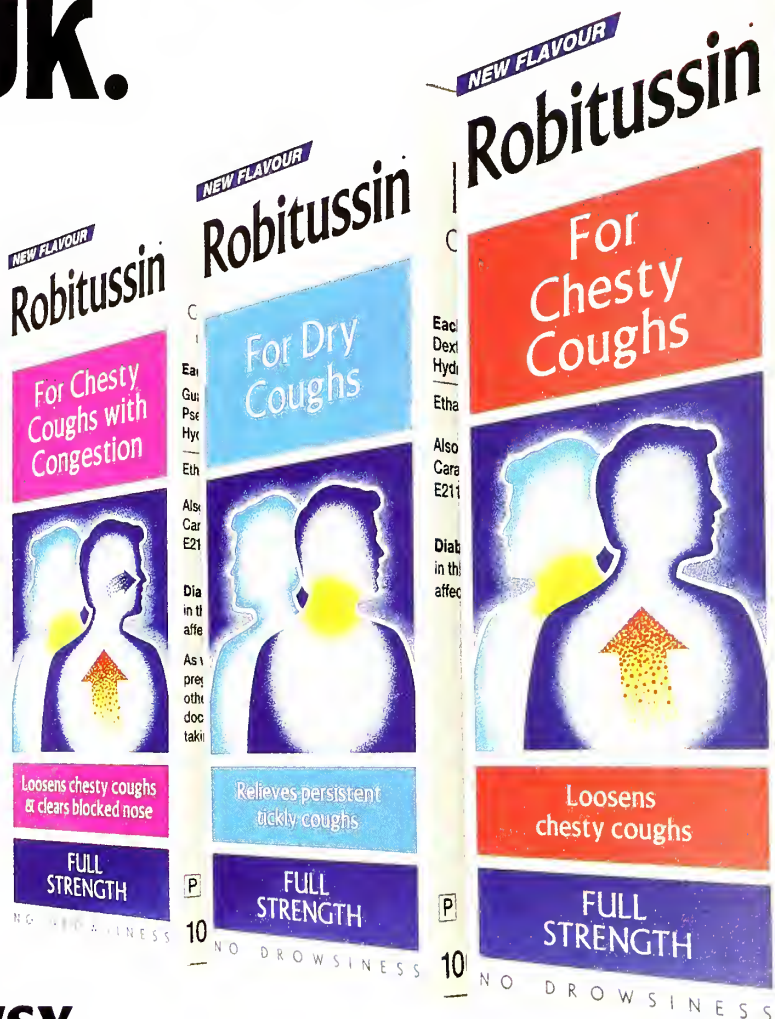


The USA's No.1 cough remedy is now getting the strong support it deserves, here in the UK.

Strikingly re-packaged to catch the eye and highlight its Full Strength benefit, Robitussin has a new, improved flavour. So now it's as palatable as it is effective.

We'll be coming on strong with this message in a major new advertising campaign. Starting this winter.

Stock the full range. For strength in depth.



FULL STRENGTH. NON DROWSY.

ROBITUSSIN* FOR CHESTY COUGHS WITH CONGESTION. Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Guaiphenesin Ph.Eur 100 mg, Pseudoephedrine hydrochloride BP 30 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** For relief of chesty coughs coupled with nasal congestion. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 3 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Children 2-6 years* 2.5 ml. *Under 2 years*, not recommended. **Warning on the pack:** Do not exceed the stated dose. **Product Licence Number:** PL 0165/0098.

ROBITUSSIN* FOR DRY COUGHS. Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Dextromethorphan hydrobromide Ph.Eur 7.5 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** For the relief of dry, irritant coughs. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 3 to 4 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Under 6 years*, not recommended. **Warning on the pack:** Do not exceed stated dose. **Product Licence Number:** PL 0165/0100.

ROBITUSSIN* FOR CHESTY COUGHS. Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Guaiphenesin Ph.Eur 100 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** Provides symptomatic relief of chesty coughs. **Recommended dosage:** Using the measuring cup provided, the following doses are given 4 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Children 1-6 years* 2.5 ml. *Under 1 year*, not recommended. **Product Licence Number:** PL 0165/0097.

Community pharmacists have to take control of their own destiny and recognise that not all FHSAs have the necessary expertise to work with them in developing pharmaceutical services, says Dr Peter Wilson.

"I also think that continuing dissent within the profession will enable some individual contractors and multiples to move in and seize opportunities that should be grasped by the whole profession. Small contractors are just as capable of creating opportunities as are larger ones," he insists.

In recent years the scope of pharmacists at regional level has extended beyond hospital pharmacy into community practice. Since his appointment three years ago, the focus of his job has moved from the creation of trusts towards the development of primary and community care and achieving the targets of "The Health of the Nation." Community pharmacists obviously have an important part to play in that framework.

Currently Dr Wilson is discussing with FHSAs and LPCs a letter from the NHS Management Executive — FHSL (93)50 — on how community pharmaceutical services should develop when the FHSAs become responsible for administering 20 per cent of the global sum in 1995. A key feature is that the FHSAs will purchase some services from community pharmacists and the letter is an "early warning" that FHSAs need to start planning now to fulfil that role.

"We have a year to help them and community pharmacists get ready," Dr Wilson says. Exact details of what services the FHSAs will pay for have not yet been defined. "I can see a range of developments that might fit into the perception of 'patient needs,' for example, extending current initiatives in health promotion or training the social services carers on how to look after the medication of people in their care. It could involve working more closely with GPs in managing their prescribing — there are a lot of possibilities.

"The scope for development is obviously limited by resources, but there are key things of benefit to patients that wouldn't be out of place in any FHSA."

He sees diagnostic testing as a contentious area. There could be potential conflict with practice nurses and others if pharmacists took on their role of measuring blood pressure, blood sugar and urine testing. Cholesterol testing is another doubtful area as there is still controversy over the value of population screening and lipid lowering intervention.

He believes that a more robust proposal would be for GPs who do not already offer these services to buy them from pharmacies. But for this to work pharmacists would need to be regarded by other members of the primary health care team as full members of that team. They would also need to have closer working relationships

Unlocking opportunities



It's vital that FHSAs get realistic messages now from community pharmacists about the services they can provide when the FHSAs take over part of the global sum, says Dr Peter Wilson, regional pharmacy development manager, NW Thames RHA, talking to Adrienne de Mont

with GPs so that the results of tests could be relayed directly to the consulting room.

But how confident is he of FHSAs getting these services organised efficiently and on time? That depends on two critical factors, he believes. One is the identification of the resources needed to carry out the planning and implement the purchasing.

"If these are taken from the 20 per cent global sum — which I strongly hope they are not — that will be self-defeating."

The second factor will be the working relationships between pharmacists and the FHSAs. And are these generally good? "I think they're variable," is his guarded reply.

There are several things he recommends that pharmacists do to set the ball rolling.

"It is essential to get a dialogue going between pharmacists and FHSAs to form an agreed picture of how the pharmacist's professional role should develop and to decide the best ways of working together. LPCs seem to have a

variable degree of effective communication with contractors in FHSAs and it is vital for them to have an input."

He has visited all the LPCs in the NW Thames Region and has organised workshops with the secretaries and chairmen and the FHSA members, talking about possible developments.

Despite the general gloom surrounding community pharmacy's future, Dr Wilson is optimistic about the long term.

"I think this stage of NHS development presents pharmacists with tremendous opportunities to deploy their professional skills and provide services other than supply."

A recent project carried out in Barnet — which falls within his region — showed clearly that domiciliary visits by pharmacists can help patients with medication problems. Barnet's Healthcare in the High Street campaign also increased pharmacy's profile with the public and GPs.

"Barnet is fortunate in having a group of highly enthusiastic and committed pharmacists

who are prepared to give up a lot of time to developments that benefit the profession. I would be very happy to see such initiatives come about throughout the region."

Links between community and hospital pharmacy could be improved by making patient care as seamless as possible, not just in ensuring continuity of medicines supply when patients are discharged but in following through to prevent re-admissions due to failure to use medication correctly, in particular ensuring there is no conflict between prescribed and OTC medicines.

Dr Wilson appreciates that many pharmacists feel they are already losing their fight to survive, without taking on any further responsibilities.

"The imposition of the remuneration settlement provides us with a tremendous motivation hurdle to overcome

After graduating in pharmacy, Peter Wilson obtained a PhD in drug metabolism at Chelsea College. He went on to the Institute of Cancer Research to investigate the binding of drugs to DNA then in 1974 moved to Hatfield Polytechnic and University where he taught physiology and pharmacology for nine years. In 1983 he became specialist principal pharmacist for education and training and practice research at NW Thames RHA. He took up the post of regional pharmacy development manager in 1990.

but, frankly, I don't think the profession has any option. It's a case of 'We don't have to do this — survival is not compulsory.'

"I recognise the difficulties community pharmacists are experiencing. But I don't think they have much choice; they are being driven down this path. Pharmacy is now finding itself in a situation comparable to other NHS professionals such as dentists and there are many examples of difficulty resulting from pressure on NHS resources.

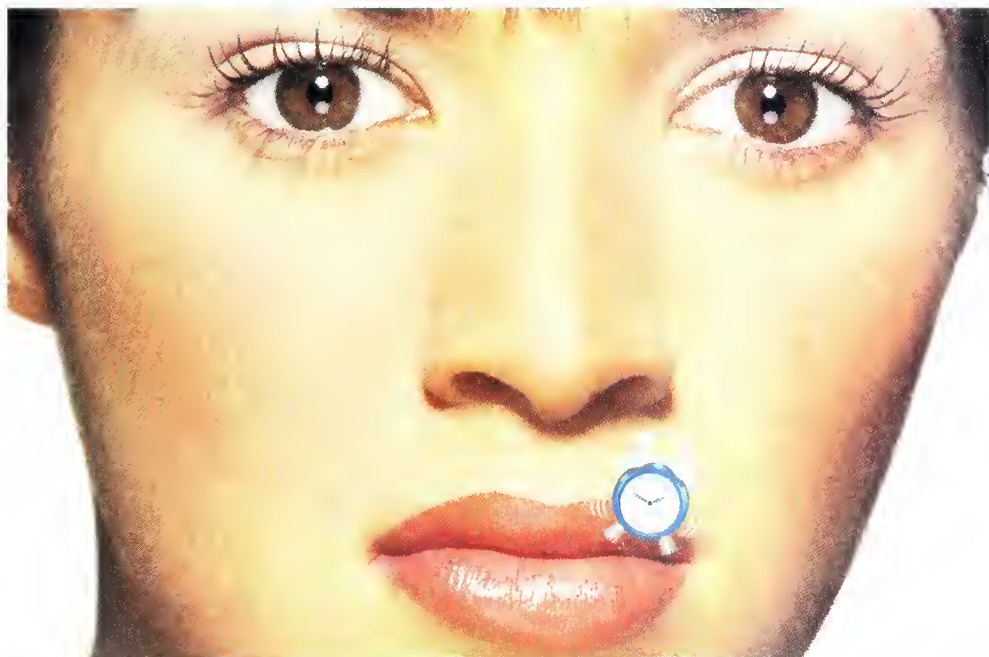
"I realise that many would regard my aspirations as unrealistic, but the die is cast and it would be much more positive if pharmacists could start to think about how they could seize the opportunities created by the new remuneration structure.

"An unfortunate feature of the remuneration package is that the high volume dispensing pharmacies will have less time to fulfil their professional role unless they can be released from their dispensing duties. This will have tremendous implications on how pharmacy support staff are used and difficult decisions as to how many pharmacists are in one pharmacy, with possibly some amalgamation of pharmacies that are close together to achieve economies of scale.

"The extension of the professional role also raises important questions for the educators in deciding how they should be providing the foundations for our profession in the future."

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A MAJOR BREAKTHROUGH



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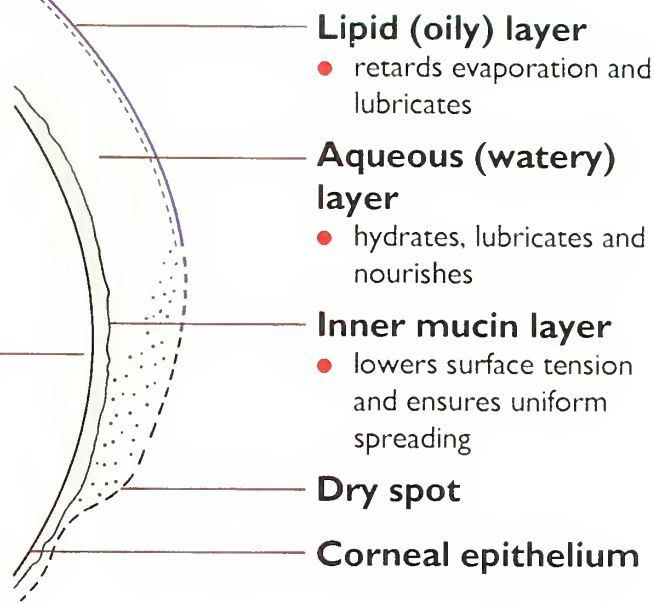
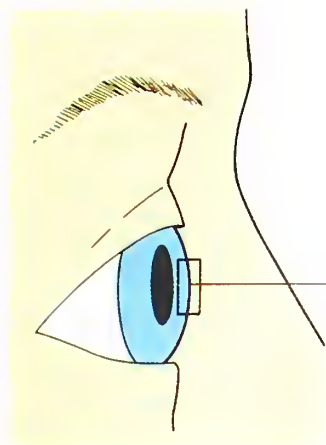
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ZOVIRAX COLD SORE CREAM[®] Acyclovir. Essential information. **Presentation** 5% w/w acyclovir in water miscible cream base. **Uses** Cold Sore treatment **Dosage and administration** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, warnings, etc.** **Contra-indications:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side- and adverse-effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price** - subject to Retail Price Maintenance: 2g tube - £4.99 (PL 3/0304) **Legal category** P. Further information available on request: Wellcome Medical Division, The Wellcome Foundation Limited, Crève Hill, Crève, Cheshire. Date of preparation: 13/5/93 © Trade Mark

Everyday eye irritations

What is Dry Eye?



When the protective tear film breaks down, dry spots develop, exposing the sensitive corneal epithelium which can result in Dry Eye

Over nine million people in the UK could be using an inappropriate solution (RSCB).

Today's lifestyles mean everyday eye irritations are a problem we may all suffer from. Far from being a minority condition, Dry Eye is often the underlying problem, and now you have a unique opportunity to recommend an innovative, pharmacy-only solution to treat Dry Eye symptoms — new Refresh. Too many eyes have been treated incorrectly for too long.

Dry Eye symptoms

- Tired, aching eyes
- Soreness
- Burning
- Grittiness
- Sensitivity to light

You can only provide lasting relief by properly restoring the eye's natural tear film.

The causes of Dry Eye

Tear film deficiency: Some people actually produce fewer tears than others and as we get older, tear production is reduced making people more prone to Dry Eye.

Any deficiency of the lipid, aqueous or mucin layer, an increase in tear film surface tension, or a hypertonic tear film can all cause Dry Eye symptoms⁽¹⁾.

Irregular blinking:

Your eyes are designed to move over 100 times a minute. These repeated eye movements *do not* cause everyday eye irritations but are necessary to spread



the the tear film over the surface of the eye.

Research shows the following types of activities reduces this blink frequency⁽²⁾:

- using a computer for long periods
- reading
- driving

All can cause tear film breakdown and result in Dry Eye symptoms.

Environmental factors: These put all of us at risk — air-conditioned buildings, central heating, smoky atmospheres and traffic fumes all can result in Dry Eye symptoms as these factors can cause disruption of the tear film.

Medications: Some medicines can affect tear production such as:

- antihistamines
- antidepressants
- preserved eye preparations⁽³⁾



re Dry Eye symptoms

Ordinary eye preparations are not enough

Ordinary eye preparations do not restore the tear film or treat Dry Eye symptoms.

Astringent drops and simple eye washes: These preparations do not restore the tear film or provide sufficient lubrication to relieve Dry Eye symptoms.

And remember, eye baths that are used with old-style preparations are prone to contamination and so increase the risk of eye infections.

Ophthalmic vasoconstrictors: These products constrict blood vessels in the eye to reduce redness merely for cosmetic relief.

Preservatives in vasoconstrictors can actually worsen Dry Eye symptoms.

Anti-infective ophthalmic preparations: These preparations are for minor infections of the eye or eyelid.

Tear substitutes: This is the recommended treatment for Dry Eye symptoms.



There's a growing need for more effective treatment⁽⁴⁾

Your ideal recommendation for Dry Eye symptoms

New Refresh is a unique combination formulation clinically proven⁽⁵⁾ to soothe and comfort Dry Eye symptoms with:

- Polyvinyl alcohol to lower surface

tension and mimic the natural tear film⁽⁶⁾

- Povidone to enhance lubrication⁽⁷⁾
- New Refresh works fast to give long-lasting relief from Dry Eye symptoms⁽⁸⁾. The effective hypotonic formulation has a pH close to that of natural tears to give greater patient

comfort^(9,10,11).

New Refresh wets and lubricates Dry Eyes without blurring and without crusting.

Lasting relief in seconds

And as new Refresh is preservative free, it's ideal for even the most sensitive eyes.

At around 13p per treatment, new Refresh offers economy to your patients.

What's more, each pack of new Refresh contains easy-to-use, sterile, single-use vials, that avoid the problems which may occur when opened eye preparations are not discarded according to the manufacturers directions. So relief from the problem of everyday eye irritations has never been more hygienic, convenient or portable.

All the support you've come to expect from Allergan

- Ongoing advertising support continues with a new, eye-catching national Press campaign to boost sales starting in November
- Educational leaflets stimulate interest and present patients with the facts about everyday eye irritations
- A continuing extensive PR programme helps pharmacists satisfy this growing market



References: 1. Bron AJ. Trans Ophthalmol Soc UK (1985); **104**: 801-826; 2. New England Journal of Medicine (1993); **328**: 584; 3. Gobbels M, Spitznas M. Ophthalmology (1992); **99** (6): 873-878; 4. Rohwedder D, Hacks M. Das Trockene Auge Hamburg Wissenschaftsverlag Wellinghutel (1988); 5. Data on file, Allergan (TPLS 105 7447); 6. Martindale The Extra Pharmacopoeia 28th ed. (1982); Ed. Reynolds JEF. The Pharmaceutical Press London; **958-959**; 7. Hardberger R et al. Arch Ophthalmol (1975); **93**: 42-45; 8. Benedetto DA et al. Arch Ophthalmol (1975); **14** (12): 887-902; 9. Gilbard JP. Trans Ophthalmol (1979); **97**: 1642-1646; 10. Gilbard JP. Trans Ophthalmol Soc UK (1985); **104**: 484; 11. Data on file, Allergan Pharmaceuticals (1985).

Product information: Active ingredients: Liquifilm (polyvinyl alcohol USP) 1.4% (w/v) and povidone BP 0.6% (w/v). **Indications:** Refreshes the eye and treats symptoms associated with dry eyes, typically: tired eyes, soreness, burning or itching. **Contra-indication:** Hypersensitivity to any of the components of the formulation. **Dosage and administration:** Apply drops in eye(s) as needed or directed, discard vial. **Precautions:** May cause momentary blurring and stinging. Do not store open vials. To avoid contamination the dropper tip should not be allowed to touch eye or any other surface. If symptoms persist, discontinue use and see your GP. **Retail price:** 30 unit vials £3.95. **Product licence:** PL 0426/0063. **Legal status:** P. **Product licence holder:** Allergan Ltd, High Wycombe, Bucks HP12 3SH. Date of preparation: November 1993.

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Question marks over PSNC's negotiating performance

In the wake of yet another pay imposition by the Secretary of State for Health, let us finally dispel any remaining myths about the pharmaceutical profession.

We are now, it seems, officially classed as public sector employees, to be dictated to at will, and we have a national "negotiating" body whose record over the past four or five years has been dismal.

Virginia Bottomley, in her own words, wants a fair deal for pharmacists, patients and the taxpayer. She is unwilling, however, to listen to the reasonable requirements of those who provide the service she desires, and attains her Department's objectives by imposition rather than by negotiated settlement.

In the October 30 issue of *C&D*, Pharmaceutical Services Negotiating Committee secretary Stephen Axon pleads for the profession to leave his Committee alone to negotiate with the DoH.

Much as the PSNC would wish (and tries) to be, I don't believe it is a negotiating body any more. It no longer operates in a negotiating arena. To be told that there is an "offer" to be accepted or rejected is one thing. To then be informed that, if rejected, the offer will be imposed anyway cannot be termed negotiating by any stretch of the imagination.

It is now time to step outside the normal playing field of remuneration. In the hospital environment, if budgets are exceeded, wards close, surgeons cease to operate and primary healthcare suffers. Yet in the retail pharmacy environment, if the budget (global sum) is fully spent, we are presumably working for our drug cost reimbursement alone, with clawbacks on the remuneration side of the balance sheet being the only reward for our efficiency and professionalism.

May I respectfully suggest to the PSNC that we now need a situation where the global sum relates to a fixed number of prescriptions. Once this agreed number has been dispensed nationally, then a reserve pool of new money should be brought into play, with no mention of clawbacks because we happened to dispense 3-4 per cent more prescriptions than were predicted. In this way, an efficient, comprehensive pharmaceutical service could be rewarded, not penalised.

I realise, of course, that there is not a bottomless pit of Treasury reserves. But increasing the number of

middle and senior NHS managers from 500 to 20,000 plus would certainly lead one to believe that there are new funds available to the tune of £400 million, assuming a salary of £20,000!

The vote in Birmingham was not just a protest vote. It was a very firm message to David Sharpe and his Committee: stop pussy-footing around the corridors of power and produce some feasible plan for the profession to acquire the sort of negotiating muscle which the doctors have, and to which we are also entitled.

It would be interesting to see what would happen if the salaried members of the PSNC were transferred to performance related pay! Pharmacy contractors pay a lot in the form of the PSNC levy, and have certainly not seen a great return on capital invested in this way.

One final thought — Mr Sharpe has often said, in effect: "Can any of you out there do any better?" when he has come under fire from contractors. Perhaps it's time to find out.

M.J. Mansour

Chairman

P.N. Clark

Secretary

St Helens and Knowsley LPC

Imposition or what?

I have just read David Sharpe's report in *PSNC News* on the imposition of a pay settlement on NHS community pharmacy contractors.

One would hardly imagine that these were the words of someone who had just presided over an unmitigated disaster.

He generously conveys the strength of feeling of contractors to Health Secretary Virginia Bottomley and, on gaining a meagre tit-bit, expects our praise.

He then proceeds to argue that the Pharmaceutical Services Negotiating Committee could not reject the offer for fear of prejudicing future negotiations. A piece of tortuous logic this — the imposition of terms would appear to make "negotiation" a redundant concept.

Finally, he makes great play of justifying the cost-effectiveness of the publicity and lobbying campaign: clearly in retrospect, an irrelevancy.

It strikes me that, as contractors, we require a more high-profile negotiator, experienced in dealing with Government. Someone with an incisive turn of mind and the strength of character not to shy from informing the Department of Health that all further co-operation would cease until



Business is blooming for Kinloch Chemists, Kings Langley, Herts, after winning first prize in the hanging basket for shops and offices category in the village's annual garden competition. This is the pharmacy's second success in four years of entering the contest. Shop assistant Janet Porter does all the hard work, growing the plants at home and making up the baskets, although manager Thomasina Ross assures us that she does help with the watering!

this charade of negotiation is replaced by an equitable system. An argument that would also extend, if necessary, to the ballot box.

It would appear that the real "imposition" is that of Mr Sharpe upon pharmacy contractors.

Peter Armstrong

Workshop

Critic's response: not a question of loyalty

Clearly I have touched a raw nerve by daring to criticise the National Pharmaceutical Association. I wouldn't normally reply to a letter (*C&D* November 6 p820) which was itself a riposte to mine (nor normally would I ask for it to be published) but really, David, let's not confuse opinion and rhetoric with the facts.

I have been a member of the NPA since early 1984 — I could not join for the 20 years before that because I was an employee — and secretary of the local NPA Branch for most of the nine years since.

For part of that time, as a locum, I was required to drop the status of my membership to publications subscriber, and was reinstated as a full member in June of this year.

As an NPA branch secretary I visited Mallinson House at your board's invitation to observe a board meeting and I have visited in a formal capacity on one other occasion. I suspect that very brief contact with NPA HQ still encompasses more than the majority of your 7,000 members have ever done. So much for the facts!

I regret greatly the gradual decline of the NPA as a national

body of substance. I regret too that new entrants to our profession may never have contact with such an organisation. I appreciate that cornered and wounded animals lash out indiscriminately. Sad to say, there is no magic Government vet to tend to such beasts and, without the changes I outlined, they will not survive.

On a more positive note, I sincerely hope that David Thomas' starry-eyed view of the NPA's contribution to the profession will bear fruit. I suspect it needs more than the peeved tone of one who is criticised to set the profession alight.

It needs a vision which none of our so-called "leading" bodies possess, and I find comments such as those expressed in devious contrast to the damning indictment laid out at last, for all to see, by Kim Howells at the Young Pharmacists Group conference and reported extensively in the same issue of *C&D*.

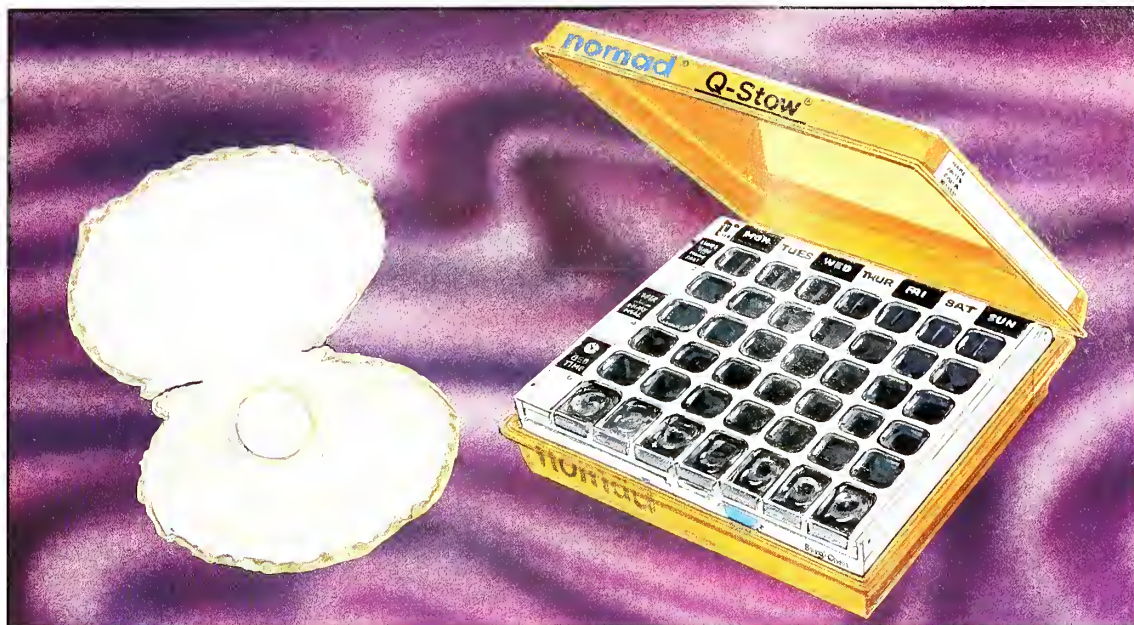
If his perception of our professional bodies, that of his Parliamentary colleague, that of the YPG membership, that of the Pharmacy Support Group, that of the Rural Pharmacists Association and so on, and that, least of all, me, a mere cog, is as I portrayed it, mere denial will not make the changes necessary and the problems go away.

Trying to silence critics by constantly challenging their loyalty, lest our paymasters hear about it, does not wash any more. The DoH has seen through the profession and its confusion. It is time for a change and it is time for new messages coming from the body-corporate of pharmacists.

Peter Curphey

Isle of Man

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SurgiChem took four.



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Not just a pretty face

These days cosmetics have to earn their keep. It's not enough just to look good — make-up has to moisturise and protect skin from the environment as well as stay put until the user takes it off. Sarah Purcell takes a look beneath the surface of the cosmetics industry

Not so long ago, make-up was just for fun, adding a touch of colour to the face. These days it's a more serious business. Cosmetics have to be multi-talented, just like the women who wear them. It is not enough to be beautiful on the surface; these products have to go more than skin deep.

The boundaries which differentiate skincare products from colour cosmetics are becoming blurred. Most new products, particularly in the prestige sector and increasingly in the mass market, now include vitamins, sunscreens and moisturising agents in the formulation. The most popular vitamin choices are A (retinol) and E (tocopheryl acetate) for their cell regenerating and moisturising properties. There is a host of different moisturising agents, and currently fashionable is the oldest and cheapest, water, as seen in Elizabeth Arden's Lip Spa. Following the trend in moisturisers, sun filters are now included in foundations, powders, blushers, lipsticks and even eyeshadows.

When Clarins launched their colour range Le Maquillage, they took a different tack, with an "anti-pollution" formulation as their USP. Robin Vincent, managing director, explains: "The anti-pollution story was difficult for consumers to understand at first. But now it's become a major force. You only need to look at what other companies are doing."

Flagging sales

Despite innovation, the £489 million cosmetics market is in decline, with a 1 per cent fall in value and 13 per cent drop in volume sales in the past year (12 months to June 1993, Nielsen). Broken into sectors, the premium end is faring best, with sales of £115.8m last year, up 7 per cent in value. The mid-market sector is worth £204.7m, showing static growth, and the budget end, worth £168.5m, is down 6 per cent.

Even though it has been an unremarkable year for cosmetics, L'Oréal have chosen to launch their Perfection mid-market cosmetics range into the UK (C&D Oct 30). Aimed at the 25-plus age group, with products covering 12 sectors and prices ranging

from £2.99 for nail polish to £6.59 for pressed powder, L'Oréal aim for a 4 per cent share in the first year.

International brand manager at Rimmel, Melanie Dalziel, disagrees that the mass market is in decline: "We're told the only sector which is showing growth is the premium end, but we know that we're growing at a far greater rate. Rimmel sales are up by 13 per cent."

She believes the trend towards including skincare benefits in cosmetics has helped fuel mass market growth: "One of the reasons we launched Silks was that we could see an obvious gap in the market for a mid-market brand with the mass appeal of Rimmel but which offered more than just colour."

Age dictates

But not all women link buying a new lipstick with caring for their lips. Up to their early 20s, when women are at their most experimental, the main motivator behind cosmetic purchase is colour, manufacturers agree. Witness the success of colour-based brands such as Bourjois. But once women hit the magic 25, it seems that thoughts of ageing creep up on them and suddenly they are into "caring" products which do more than add colour. They also become less fashion-conscious and stick to colours they know suit them.

As Yardley's senior international product manager Debbie Bowen puts it, the 25-



L'Oréal have launched Perfection into the UK mid-market

Picture courtesy of Sensiq



Actress Helena Bonham-Carter was chosen as the new "face" of Yardley

plus customer "isn't going to rush out and buy blue eyeshadow just because *Vogue* says it's in fashion".

Ms Bowen believes the extra benefits trend still has plenty of steam left in it. "Consumers are looking for added value, they are actively looking for benefits. They love words such as nourishing and replenishing and they believe in the value of these products."

She believes the growth of the premium sector and decline of mass market sales makes sense. "Consumers always trade up in a recession. They don't make as many impulse purchases. When they do buy it's to treat themselves — it's a conscious purchase."

At Sensiq, they believe cosmetic houses can no longer introduce purely cosmetic products — there has to be a visible benefit for the consumer. And Roc marketing manager Mary Wray believes consumers actively look for these little extras — they will ask the assistant what is in the product.

The quality of formulations is being constantly improved. Powders are finer milled and sit better on the skin, foundations contain "light diffusing" properties for a soft focus finish, mascaras are less flaky, eyeshadows are crease-resistant and lipsticks stay put for longer.

The technological secret behind most of these innovations is surface treated pigments, which make colour sit better on the skin, and the use of polymeric delivery

systems, which makes the colour last longer.

Fashion plays an important role in determining how much make-up women wear and how they wear it. The natural look has been popular for several years, although we saw a brief respite last Winter with a more made-up look making a short-lived comeback. But British women seem happiest with a look that subtly enhances their best features and hides the less perfect bits.

Natural look

The current look is a flawless complexion, a touch of shimmer at the eyes, and nude lip tones, outlined with darker liners. Ironically this "natural" look requires carefully applied make-up for it to be successful. Sales of foundations and powders have grown substantially as a result of the trend to perfect looking skin. Sales of mascara and lip liners are also up, while eyeshadows and blushers have suffered.

British women are generally shy about splashing out on luxury items for themselves, unlike their European peers. The average woman spends £30 a year on eight to ten cosmetic purchases, according to Yardley research. At Clarins, Mr Vincent estimates that the premium end consumer spends an average of £300 a year on skincare and cosmetics.

"Cosmetics have to reflect the mood of the season, complementing its look," says Ms Bowen at Yardley.

The cosmetic companies use

fashion prediction agencies to forecast colours. This season's hottest looks are knitwear in neutral tones of taupe, grey and chocolate, contrasting with opulent velvets in deep berry shades. This translates into neutral eyes, coloured beige, grey, brown and with a touch of shimmer, pale complexions and either nude or plum coloured lips. All very wearable.

But Rimmel are predicting a return to colour, as part of the fashion cycle which moves from neutral naturals to vibrant tones.

While most cosmetic houses have new seasonal looks in Spring and Autumn, they admit that most consumers, especially those over 25, prefer to stick to shades they know will suit them.

Boots are still the largest outlet for colour cosmetics, taking 40 per cent of sales, according to Mintel, while independents take around 12 per cent, department stores 18 per cent and grocers 4.5 per cent.

The main tip from manufacturers to help grow sales of cosmetics in pharmacy is improve your sales environment. Cosmetics are an "emotional" purchase, and stock needs to be well presented and in pristine condition. No-one wants to buy a dusty lipstick!

The other main piece of advice is to focus on three or four brands that meet your customers' needs. A rough guide would be one from each sector, plus a niche brand.

"Pharmacists need to keep up to date with product development and actively sell cosmetics," advises Ms Wray at Roc.

At Clarins, Mr Vincent believes well trained staff and attractive display are the key to good sales.

As with the fragrance industry, cosmetics are all about

image, particularly at the premium end. The likes of Revlon and Max Factor spend a fortune on hiring so-called "supermodels" to promote their cosmetics, although recent publicity which has shown some of the models have egos to match their salaries has put them out of public favour.

Actresses now seem to be a more popular choice, with Yardley signing up Helena Bonham-Carter and L'Oreal using Andie McDowell as the face for their new Perfection.

Ms Bowen at Yardley explains their choice: "In research we found that supermodels were thought to be too inaccessible, while ordinary models don't add much to the brand. Actresses came out top."

Helena was chosen partly because she has strong opinions. Perhaps a little too strong-minded — she started her contract for Yardley badly by admitting to the Press that she's "not really into make-up".

Building image

An important part of building that image is packaging, much to the dismay of environmentalists. If it's not right, consumers won't buy the products. It is easier for mid-market and budget brands to get by on minimal packaging, since consumers do not expect lavish boxes, but it poses more of a problem at the premium end.

Clarins have set up a team to look at how they can minimise packaging and waste, and most of it is now recyclable, says Mr Vincent. But he admits: "It would be quite difficult to sell our products without a leaflet and a carton."

After 1997, all cosmetics and toiletries sold in the EC will have to carry a list of ingredients. Good news for the consumer but a potential nightmare for manufacturers struggling to reduce packaging.

About face

Face make-up accounts for about 35 per cent of cosmetic sales (Mintel) and the sector grew 37 per cent between 1987 and 1991. This growth has been fuelled by a surge of innovation in the sector, particularly in foundations. These are now seen as skincare treatment products as well as providing a base for make-up.

Sunscreen filters, moisturising agents, light reflecting properties and added vitamins are now the norm in a bottle of foundation. The 2 in 1 trend has reached these products too, with combined foundation and powder products gaining popularity.

At Rimmel, Melanie Dalziel believes that while women are less choosy about the products they put on their eyes and lips, "they like to feel they are putting something better on their face". The best sellers in the Silks range have been

foundations and powders.

Sensiq also find their foundations are good sellers, with Satin Cover foundation their current best selling product. They believe that consumers are likely to be loyal to one foundation brand, once they find one which suits them, unlike with lipstick and nail colours where they are more fickle.

Sensiq have launched Perfect Radiance, a light-reflecting foundation said to create a natural, flawless finish while improving skin texture. Containing provitamin B5, vitamin E and sunscreens, it comes in five shades (£5.25). The foundation will be followed with a powder next year.

Clarins have plans to launch more foundations in the Spring — watch out for further details! Almay have added Colour



Yardley's relaunch gave cosmetic sales a boost

Continued from p925

Performance Complexion Corrector loose powder, available in two shades, and a cover-up cream.

Rimmel introduced four new foundations this Summer: Natural Care for light coverage, Translucent Moist for sheer coverage, Cover Silk for a satin finish and Complete Matte for oily skins.

New from Collection 2000 in June was Creme Powder make-up, a combined foundation and powder product.

Max Factor have reformulated High Definition liquid foundation, giving it a more natural semi-matte finish.

Camouflaging make-up Keromask from Innova is now available in a duopack (£12.90) containing a skin tone cream and a white mixing cream.

Guerlain have added a firming foundation, Teint Hydro-Lifting, said to give a smooth matte finish while minimising wrinkles and shadows. It contains UV filters, vitamins and plant proteins,

and comes in seven shades.

Concealing foundation is new from Givenchy. It gives a matte finish and absorbs excess sebum. To complement the foundation, there is Gentle Under Eye concealer.

Concealers have been popular this year as they put the finishing touch to the fashionable flawless complexion. Clarins added Perfecting Concealer, to be used with their foundations. It contains light-reflecting pigments and UV filters.

Revlon added New Complexion Concealer to be used with their New Complexion foundation.

There has been little innovation in the blusher sector, with natural looking bronzing powders still performing well. Cosmetic houses have introduced new blusher shades in their seasonal collections, but few new formulations.

At Sensiq, their Colour Spheres bronzer is their second best selling product. Bronz Silk is the latest addition to the Corn Silk range, available in loose or pressed format.



Leichner have added Forest Fruit shades for Autumn

Perfect pout

If a woman has the time to apply only one item of make-up, chances are she will choose lipstick. For many, it is the first make-up product they ever used and, according to Leichner, some 97 per cent of women wear it, bringing in sales of £125 million last year.

Lipstick spells sex appeal and has been used for decades for this reason. Red lipstick fan Madonna was voted Rimmel's Lipstick Wearer of the Year for 1993.

Women who are addicted to lipstick have a wardrobe of different shades which, to the untrained eye, all look the same. But a slight shade variation can make all the difference and cosmetic houses have an annoying habit of discontinuing your favourite colours! Apart from the perfect shade of red, brown, plum or peach, women are in search of the ultimate long-lasting, comfortable, smooth lipstick formulation.

Manufacturers have taken note of this and the past year has seen considerable innovation. Elizabeth Arden came up with the idea of adding water to the formula for a moister lipstick. This has been followed by Leichner's Aquasmooth lipstick, which contains spring water, and Sensiq's new Lip Dew.

Staying power is equally important. Revlon are rumoured to be launching the ultimate lasting lipstick into the UK early next year, already available in the US.

To help give staying power to lipstick, Rimmel launched

Lipstick lock, which is brushed on over lipstick, and Lip Base, which is applied underneath it.

Make-up artists, actresses, pop stars and models swear by Canadian brand MAC, which is now available in selected outlets over here. They like it for its matte consistency, true colour and staying power.



Collection 2000's new colours

Nail order

Nail products make up the smallest sector of the cosmetics market, worth about £50 million, and are in decline. Again, the natural look is in part to blame. Those who like to wear nail polish are still choosing the French Manicure, say Elegant Touch, although there has been a trend towards wearing bright reds on shorter nails. Impractical talons are out, and a shorter, more manageable, shape is now preferable.

Technological innovation has a role to play in nailcare too, with vitamin E, essential oils and quick drying formulations appearing in nail polishes.

Yardley have reported a 14 per cent increase in nail hardeners and strengtheners.

"People are caring for their nails," says senior international product manager Debbie Bowen, "but not using colour."

Waiting for nail varnish to dry without smudging it first has always been a problem. Cutex have come up with Colour Quick, a nail polish which dries in 60 seconds. Containing vitamin E, silk protein, nylon and acrylic, it comes in 12 colours.

Sally Hansen have relaunched

Eyes on fashion

Eye make-up is more directly affected by changing fashions than other products. The natural look has meant sales in this sector have suffered most in recent years, particularly eye shadows. But innovation plays a part too, and a lack of it in the sector has not helped. But eye make-up still comprises 31 per cent of the cosmetics market (Mintel) and is worth about £137 million.

Mascaras are bucking the trend and appear to have gained from the fashion of wearing less make-up — they now account for 45 per cent of eye make-up sales. Thankfully we have waved goodbye to the 1980s trend of garish shades of green, purple and (yes!) yellow mascara, and black or brown are now the best sellers. Only Lady Di still colours her lashes blue!

Christian Dior have introduced Diorcil, a lengthening mascara with cashmere included in the formulation. And Revlon have introduced three mascaras: Quick Thick for instant volume, Long Distance for extra length and Water Tight, a waterproof formulation. All come in black, brown/black and navy.

Newcomers to the eye make-up sector this year are nail and lip specialists Cutex. The brand has been extended to include Perfect Eyes, a collection of eight eye make-up products, including shadow base, eyebrow powder, shadow liner, eyeshadow duos and trios, eye pencil and two mascaras.

With the 1970s revival, we have seen the return of shimmer shadows, although used more subtly than before. Christian Dior introduced Juste Duo, a compact of two complementary shades, one matte and one shimmering highlighter. There are 12 shade combinations in the range.

Givenchy have built on the success of their Powder Prism with the launch of Eyeshadow Prism. There are four harmonising matte shades surrounding a central highlighter. Five shade combinations are available, retailing at £18 each.

Leichner have introduced nine forest fruit shades for Autumn/Winter in the form of duos and singles. And Max Factor's High Definition eyeshadow is now available in duos. A choice of ten combinations is available.

Defined, arched eyebrows are the order of the day and consequently eyebrow pencils have grown in popularity.

Liquid eyeliner is also back in, although formulations are vastly improved on the 1960s versions. Most ranges now include a felt-tip-style eyeliner, which makes application of colour easier to control.

New from Ultima II is Compact Eyeliner, a creamy powder in a compact which can be used wet or dry.

Sensitive issues

The number of women claiming they have sensitive skin is increasing, although what proportion of these are psychological or fact is difficult to say. Whatever the case, the demand for hypo-allergenic and sensitive skin cosmetics is increasing.

At Roc, marketing manager Mary Wray thinks there is an element of both, but says consumers are coming into contact with more potential irritants these days, including increased pollution.

It is a difficult sector to define the value of, since some companies claim their products are hypo-allergenic, while others say they are fragrance-free or suitable for sensitive skin.

At Sensiq, they believe consumers are always going to be interested in products which are kinder and safer to use. However, they admit that there is a problem with the word hypo-allergenic, since different companies interpret it in different ways, while consumers think it means the product is

100 per cent non-allergenic. This, of course, is impossible, since there are people who are allergic to air and water!

Sensiq interpret the phrase by leaving all potential irritants out of their products, with fragrance and lanolin top of this list.

Roc take a more rigid view. They have a maximum number of 15 ingredients in any one product, and there are just 12 colours used in their entire colour cosmetic range. Any more than that increases the risk of allergic reaction, they believe.

"We see ourselves as bridging the gap between pure pharmaceuticals and cosmetics," says Ms Wray.

Roc relaunched their colour cosmetics at the beginning of the year and have seen a 50 per cent increase in turnover as a result. The company is increasing their number of Pure Beauty Centres, 98 per cent of which are in pharmacies.

Roc believe that sensitive skin is an area where pharmacies could be doing much more. In the coming year, they will be looking at ways of improving training for pharmacists and assistants who sell their products.

Sensiq have introduced Perfect Radiance, a light-reflective foundation, which will be followed with a powder next year plus a mascara. For Christmas they are doing trial sizes of their best selling lipsticks and nail varnishes, plus a free calendar offer.

their nailcare range in new packaging, with colour coding to aid selection. New products include Gel Cuticle Remover, Vitamin E Nail & Cuticle Oil, Rich Cuticle Massage Cream, One Coat Instant Strength, Dries Instantly Top Coat, Dries Instantly base coat and Double Duty, a combined top and base coat. The company has also set up a nailcare advisory service for consumers.



Elegant Touch endorse the trend to bright colours on shorter nails

Chemist & Druggist 20 NOVEMBER 1993



Courtesy of Black Radiance

Colour choice

The UK black cosmetics market is the biggest in Europe, worth around £20 million, and it is growing fast. Yet there is still only a handful of brand choices, with none of the mainstream cosmetic houses offering products for these consumers.

At best they claim they are "looking into the idea". Most say they have some lipstick and eyeshadows that are suitable for darker skin tones, but it is foundations that are the problem.

Foundations for caucasian skin contain titanium dioxide, which turns chalky and ashen on dark skins, so an entirely different product is required.

Rimmel, who unsuccessfully launched the Dark Colour collection back in 1984, say they are looking into possibilities again. Yardley say they are interested in launching into this market too.

At present there are numerous budget ranges for black consumers, mostly imported from America, and a few prestige brands, such as Flori Roberts, Naomi Sims and Fashion Fair. What there is a shortage of are innovative mid-market brands.

Launched on to the UK market this Summer was Black Radiance, a mid-market brand which is a top seller in the US. Comprising over 80 references, prices start at £2.99 for a lipstick. It is being distributed in the UK by Waterson Ltd.

Managing director at Black Radiance Ian Clayton-Smith says the black 15-45 population is growing at twice the rate of the white population, and consumers are willing to spend three to five times more on their appearance than their caucasian peers. He believes pharmacists should view

stocking ranges for black consumers as not only profitable, but as offering a valuable service to the community.

"They will find that consumers are very loyal to the few places which stock their ranges, and they'll buy other things while they are in the shop too," says Mr Clayton-Smith.

New from Naomi Sims for Autumn/Winter is the Colors of Africa, a collection of greens, golds, oranges and reds divided into two colour stories, Color Safari and Gold of the Sands.



Gold of the Sands is the new Autumn/Winter look from Naomi Sims, a mix of gold and red tones

The image of a rabbit staring helplessly while a lab technician drops lotion into its eyes is a poignant one. Pictures such as these have helped raise public awareness of the cruelty inflicted on animals to ensure the safety of their cosmetics.

And it has worked. According to a Mintel survey, some 57 per cent of women questioned stated "not tested on animals" to be the first thing they look for when buying make-up, ahead of good quality which was cited by just 40 per cent. Among young women figures are higher still — 75 per cent of 15 to 24-year-olds say "not tested on animals" is their number one priority.

On the surface it appears that cosmetic manufacturers are listening to their consumers, with many cosmetics now bearing the words "cruelty-free" or "not tested on animals". But in many instances, they are only paying lip service to the consumer's demands. The claim "not tested on animals" is conveniently ambiguous for clever marketers. There is a world of difference between a finished product not being animal tested and all its ingredients being cruelty-free. But how many consumers think to question whether this generous claim means what it says?

According to Jenny Sawyer at Beauty Without Cruelty Charity (BWCC), not many do.

"What we are trying to do through our campaigning is to highlight the difference between a finished product that is not tested on animals, and ingredients that have not been tested on animals. The Body Shop exposé woke up a lot of consumers to the difference, but there is still confusion. We're calling for a legal definition."

End to testing?

And it is almost impossible to find a cosmetic company that admits to animal testing, since most of them can get around the issue by claiming their products are not tested. Even L'Oréal have announced that they no longer test their products on animals.

A straw poll of manufacturers reveals that Yardley use non-animal derived ingredients "wherever possible", Rimmel "don't test on animals", Sensiq "have never tested on animals", "none of Collection 2000 cosmetics are tested on animals", Boots claim their products are not tested on animals and Lechner sport the British Union for the Abolition of Vivisection (BUAV) rabbit logo.

But all new ingredients coming on to the market for use in consumer products require thorough testing, and at present this usually means animal testing. To discourage manufacturers from testing their ingredients on animals and to ensure consumers are not being duped, the anti-vivisection charities and manufacturers adopt a policy. But here the similarities end.

The two main players, BWCC

Courtesy of Beauty Without Cruelty



For the sake of beauty

Animal testing is an emotive issue, particularly where luxury products such as cosmetics are concerned. Fuelled by consumer pressure, the amended EC Cosmetics Directive should encourage manufacturers to clean up their act, writes Sarah Purcell

and BUAV, are divided on how to achieve their mutual goal of an end to testing on animals. BUAV favours the five-year rolling rule, used by many manufacturers including the Body Shop. This means ingredients used in the cosmetic have not been tested on animals within five years of its production.

Punitive element

Campaigns director Steve McIvor says: "The five-year rule means there is a punitive element for manufacturers. New companies or those wishing to change their testing policies are able to do so with this rule."

BWCC thinks this is missing the point and prefers a fixed cut-off date, such as the 1976 rule used by companies including Beauty without Cruelty, Montagne Jeunesse

and Cosmetics to Go.

"The five-year rule means that companies can use the new ingredients in five years' time, regardless of whether they've been tested on animals or not. So what companies are now doing is marketing ingredients at five years to get around the ruling," says Ms Sawyer.

At BUAV, Mr McIvor says this is not true: "There is little or no evidence to show this is going on. In the Body Shop case, for instance, it was found that only 2-3 per cent of ingredients came into the five-year ruling category, while the rest were much older."

BWCC does not insist on the 1976 date so long as there is a fixed, as opposed to a rolling, cut-off date for ingredients: "We do realise that companies which adopt this policy can lose out in market share as they can't use new ingredients

that have been tested."

Mr McIvor believes a fixed date is the solution in an ideal world: "But you have to be realistic. The 1976 date is never going to be widely taken up by industry."

Whether in agreement or not, the campaigners have helped to reduce the number of animal tests for cosmetic purposes. Seven years ago some 20,000 tests were carried out each year, now there are about 2,000.

"There are several reasons for this dramatic fall, all fuelled by consumer pressure," says Ms Sawyer. "Alternative testing methods have been developed, which are cheaper to use, and less is being spent on R&D by manufacturers in general because of the recession."

Directive amended

The EC Cosmetics Directive 1976 was amended this Summer to take on board concerns over animal testing. After January 1, 1998, the Commission prohibits the use of ingredients, or combinations of ingredients, which have been tested on animals for cosmetic purposes after this date.

But this is not as cut and dried as it sounds. Animal testing will still be allowed for pharmaceutical purposes. So, in theory, if a company can come up with a legitimate "pharmaceutical" reason for including an ingredient, they can use it in a cosmetic product, even if it has been tested on animals.

If non-animal alternative methods have not been found by then, the 1998 deadline can be extended by two years.

Marion Kelly, director of the Cosmetics Toiletries and Perfumery Association, says this two-year extension could be postponed *ad infinitum* if acceptable alternatives have not been found: "What I think we'll see happening is individual tests will be banned one by one, for example tests for eye irritation, as alternatives are found. This will then be written into the Directive."

The famous Draize eye test, where substances are dripped into an animal's eye, has now been outlawed. The EC and the cosmetics industry, together with Japan and the US, are funding the development of alternative testing methods.

New alternative tests include using a reconstructed model of human skin for testing skin penetration; computers to predict which chemicals are likely to cause irritation; and a variety of cell culture techniques, using human cells, are undergoing research for tests including carcinogenicity and skin irritation.

The amendment should help clear up confusion over the meaning of "not tested on animals". Any manufacturer who makes the claim on-pack will have to qualify whether this means the finished product or any ingredient included in its formulation. This will come into effect from the end of 1995. But exactly what the wording will be is still under debate.

MMC report favours selective distribution



Selective distribution of fine fragrances forms a complex monopoly but does not operate against the public interest, says the long-awaited Monopolies and Mergers Commission report.

And there is no clear evidence that suppliers are using their selective distribution systems as an indirect means of maintaining resale prices.

The news has been greeted with a mixture of relief and enthusiasm by perfume manufacturers, the Cosmetic, Toiletry and Perfumery Association, Boots and Lloyds.

But Superdrug, whose sale of cut-price perfumes led to the investigation, are disappointed with the outcome.

"We will now take our case, which we believe is overwhelmingly in the public interest, to the European Commission," says Geoff Brady, commercial and deputy managing director of Superdrug.

The report's findings leave manufacturers to dictate where and how their products are sold. It will be "business as usual" according to CTPA director general Marion Kelly. The Association has a Perfume Working Group made up of 14 fragrance manufacturers which she will be contacting before the New Year for a progress report.

But the report did note problems experienced by smaller perfume stockists, including some pharmacies.

Approved retailers must usually stock two-thirds of a complete fragrance range, sell competing brands and buy a minimum level of stock. The MMC recognises that this might place financial burdens on retailers, or even deter some from applying for authorised status in the first place.

It suggests that fragrance houses be more flexible in applying these criteria but no clear outlines were suggested.

The other main concession was the recommendation that an independent arbitration system be set up. This would deal with disputes between fragrance manufacturers and retailers. Again, this was only a suggestion, with no clear details.

John D'Arcy, NPA pharmacy administrator, says: "These suggestions are open to subjective interpretation. Until someone complains about the system, nothing is going to change."

The alternative is to source fragrances from the grey market, a practice Mr D'Arcy admits will continue.

Market research shows that, out of all pharmacists and drug-stores stocking fine fragrances, 93 per cent use the grey market for all or part of their purchases. Just 6 per cent obtained all their supplies direct from the fragrance houses.

Furthermore, 64 per cent sold fragrances at below the suppliers' recommended prices, some only at Christmas or before Mothers' Day.

This latter category includes

outlets such as Boots. Although 600 or so of their 1,100 outlets sell fine fragrances under a selective distribution agreement, the company does cut prices depending on local competition, according to the MMC report.

Despite this, Boots have welcomed the MMC's findings and support the selective distribution system providing a uniform set of minimum standards is applied fairly to retailers.

Lloyds have over 300 authorised retail outlets with ten of the fine fragrance houses. They say that removing the selective distribution system would not make the market more competitive; instead it would destroy the market entirely. They had, however, resorted to the grey market in the past, says the report.

• The news that the MMC has decided not to act against the prestige fragrance houses' distribution policies has been one of the few high points in an otherwise dismal period for fragrance companies in the UK.

So says the Bunn Beauty & Personal Care Products Report, which notes that the market has declined 12 per cent in real terms between the onset of the recession in 1989 and 1992.

Further details about the report are available from Don Hedley or John Holmes on 071-263 1356.

£1m warehouse

Carter-Wallace are building a 20,000 sq ft distribution warehouse, costing £1 million, at their Folkestone headquarters, with plans to have it fully operational by the middle of next year. Currently, the company contracts out for storage facilities and the added space will bring all distribution back on site. It will improve handling, storage and delivery of components to production lines. There are no plans to alter the wholesaler transfer system used for pharmacy distribution.

SB donate £1.5m

Smithkline Beecham have contributed £300,000 towards the refurbishment of molecular medicine laboratories at Cambridge University's Department of Medicine, plus an additional £250,000 per year for the next

five years to fund collaborative projects between the company and the University.

Sunday muddle

Two of the four Sunday trading options which will be put before Parliament will result in greater enforcement and compliance problems than under existing regulations, according to a team of four QCs and a barrister.

RP sell-off

The French Government have set a price of FF135 (1642p) per share for individual investors in Rhône-Poulenc. The price for institutional investors will be announced next week. It is estimated that the sale of the Government's 43 per cent stake in the company will raise FF13 billion (£1.6bn).

Tesco open 'no contract' pharmacies

Tesco will be opening a number of pharmacies across the country, half of them in new stores. But only two have NHS contracts.

New supermarkets with in-store pharmacies opening before Christmas include Warfield, Windsor, Poole, Colchester and Feltham. All are non-dispensing.

But new in-store outlets in existing Huish and Newcastle Tescos have successfully applied for NHS contracts. They should be trading by the time C&D goes to press.

As well as Tesco-run pharmacies, there is also one new concession run by an independent at their Halifax Road branch, Bradford.

"We have plans for a steady opening programme," says Mike Rudin, Tesco's superintendent pharmacist.

He would not say which of the company's non-dispensing outlets had already applied for NHS contracts.

Tesco has 85 pharmacies, 42 of their own in-store outlets, 29 concessions and 14 external unit developments.

Nucare come closer to fruition

Nucare, the pharmacy buying group that grew out of the Oshwal Pharmacy Group, have got off to a good start.

They have raised £300,000 under the Business Expansion Scheme to date, £50,000 more than their minimum target (C&D October 16 p686).

And to take advantage of the encouraging response, Nucare managing director Veni Harania has extended the closing date for subscriptions to 3pm on Friday November 26.

Much of the interest has come by word of mouth from existing Oshwal members.

"Unfortunately, many have got to know about it very late and there are still a lot of cheques still in the post," says Mr Harania.

He can be contacted on 071-379 6676 for details.

• Although the name Nucare is similar to Numark, Terry Norris, Numark's managing director, says he does not plan to contest the name.

Glaxo join Fisons in hot water

Glaxo are the second pharmaceutical company in as many weeks to be accused of "bribing" GPs to prescribe their products. But what makes Glaxo's moves different from Fisons is the use of pharmacists in their marketing strategy.

Like Fisons (*C&D* last week p880), Glaxo have launched their own internal investigation into allegations over showering GPs with expensive gifts and trips in return for prescribing their drugs.

But separate allegations from the same *Sunday Times* article bring pharmacists into the equation at the time the company launched Flixonase, their POM hayfever drug, through Allen & Hanburys.

A Glaxo spokesman confirms that from October 1992, for a period of about three months, reps were handed a briefing card instructing them "to persuade pharmacists to identify those patients who either purchase ... decongestants or who obtain scripts for other nasal sprays, and to refer them back to their GP for consideration of an alternative therapy".

The period over which patients would have been referred back to their doctors coincided with the launch period of Flixonase.

Glaxo stress that there were no financial inducements or offers of cheap or free stock in return for pharmacists' help. A spokesman says the company wanted to encourage pharmacists to play a healthcare role and there was also be the prospect of a prescription.

Pharmacists were asked to look out for hayfever patients or those with perennial rhinitis who bought repeated OTC products. They were then asked to refer them back to their GP for "alternative" therapy.

Glaxo say that at no time were pharmacists asked to recommend Flixonase or any other Glaxo product and no names of patients were handed over.

The reason for setting up this referral programme, they say, was to treat the underlying cause of hayfever rather than having patients buying repeated OTC remedies.

Glaxo deny this practice breaches any ethical codes, but the Prescription Medicine Code of Practice Authority is looking into the case alongside the GP "bribe" allegations.

The Authority, under the guidance of director David Massam, automatically sets the complaints procedure ball rolling when there is an adverse Press article about POM medicines.

It notified Glaxo of its concern on November 15, with the

company having until November 30 to return their comments. Soon afterwards, the Code of Practice Panel sits to decide whether there were any breaches of the Code.

"The whole thing is a grey area," says John D'Arcy, pharmacist administrator at the National Pharmaceutical Association.

He does not recall any complaints from pharmacists over these referral requests from Glaxo reps. But he adds that pharmacists may have not realised that these requests would have been made at the time of the Flixonase launch.

Most of last week's *Sunday Times* allegations centred on bribes for GPs. Glaxo deny that sales reps have a £14,000 a year GP entertainment budget, as reported in the article.

Despite their denial, the company's internal investigation has resulted in the dismissal of five employees in the Leeds area — four reps and a regional manager — for "irregularities in the handling of company funds and falsification of records".

Glaxo admit that they used company money for "meetings or events with GPs that had little or no medical content".

Numark appoint Unichem in Scotland

Numark have with immediate effect appointed Unichem as distributor through their Livingstone depot to Numark retailers in central Scotland.

The move is intended to "maintain a permanent service to members served by John Hamilton Pharmaceuticals", say Numark. Lloyds took over Hamiltons — the existing Numark wholesaler — in a £4.6 million at the beginning of the month (*C&D* November 6 p821).

An extraordinary meeting of Numark shareholders has been called to consider Hamiltons position as a shareholder. The date has yet to be fixed. Hamiltons will remain a member of Numark unless and until the shareholders vote otherwise.

Numark managing director Terry Norris says: "Numark considers it to be of great importance and has taken it as a considerable responsibility to maintain a permanent supply of its services to its many loyal retail members in that area. The arrangement with Unichem has been put in place to maintain a true choice for existing and potential Numark retail members in the area served by Hamiltons."

Clairol appliances sold to Remington

Remington chief executive Victor Kiam's catchphrase, "I liked it so much I bought the company", rang true last week when his company acquired Clairol's appliance division.

Remington, best known for their electric shavers, bought the Bristol-Myers Squibb wholly-owned subsidiary for an undisclosed sum. The move will allow Clairol to concentrate on the hair colourant and haircare markets.

Clairol's major UK appliances include Big Shot hairdryers, Curl

Control Setters heated rollers, Free Curl hair curlers and Foot Spa foot baths. Eventually, all these products will take the Remington name but this will be phased in towards the end of 1994.

Details of any distribution changes or price revisions had not been ironed out at the time *C&D* went to press.

Clairol appliances formed part of BMS's consumer products division, which saw sales of \$1.2 billion last year. Clairol's sales figures were not available.

Jenks win Revlon business

Revlon hope to develop business in the "relatively untapped" pharmacy sector by appointing Jenks as distributors for their toiletry products.

Cosmetics are not included in the deal and will continue to be sold through Revlon's sales team.

Products now under Jenks' wing include Flex, Colorsilk, Aquamarine and Nutrosome haircare brands, Mitchum deodorants and Dry Skin Relief lotion.

Jenks will offer a transfer order

system to the independent pharmacist through the wholesale network. They will call on about 5,000 pharmacists on either a four or eight-weekly basis. Prices remain unchanged.

Revlon toiletries brands are currently growing at over 79 per cent a year, largely from sales outside the pharmacy sector.

The company says it hopes to capitalise on Jenks' pharmacy experience gained with brands including Hermesetas, Agfa films, Togs and Deep Heat.

EPoS firm winds up?

EPoS system specialists Fairscan have been served a winding up petition by their joint venture partners Simple Software.

This follows the same company issuing a writ for some £20,000 owed for equipment and services supplied to a clients.

Simple Software say this loss has not affected their stability. They have reported a 100 per cent growth in the last year. Others are also thought to be chasing Fairscan for outstanding debts.

Multepos Computer Systems are offering technical support to existing Fairscan users. Multepos (tel: 0425 629088) has been formed by an ex-Fairscan employee who has since been joined by Fairscan support staff.

Coming Events

New venue

NPA members in Gloucestershire, Avon, Bath and Somerset should be aware that there is a change of venue for the surgery on November 22.

The meeting will now be held at Alveston House Hotel, David's Lane, Bristol, at 7.00pm rather than at the Post House Hotel.

Would all pharmacists who wish to attend contact David Kaye on 0752 667553.

Tuesday, November 23

Leeds & District Branch, RPSGB, at the Mansion Hotel, Roundhay Park, Leeds, 8pm. "Where do we go from here with standards and remuneration", speakers: David Sharpe, chairman of PSNC, and Sue Sharpe, barrister and head of Law Department, RPSGB.

Thursday, November 25

Plymouth & District Branch, RPSGB, at the Invicta Hotel, 11-12 Osborne Place, The Hoe, Plymouth, 8pm. Annual General Meeting.

Advance Information

British Association of Pharmaceutical Physicians are holding a half-day symposium on "Biotechnology: Opportunities and Issues" at the Royal Aeronautical Society, 4 Hamilton Place, London W1, on December 9. Further details from Elizabeth Borg, BrAPP, tel: 071-491 8610.

ICM is holding a two-day conference "POM to P and Opportunities in OTC Markets" at the Cafe Royal, London on December 7&8. Further details, tel: 0483 37557.

British Association for Cancer Research, Association of Cancer Physicians, Society for Drug Research, joint symposia in the Brian Drewe Lecture Theatre of the Charing Cross & Westminster Medical School, The Reynolds Building, St Dunstons Road, Hammersmith, London. The first is on "Membrane Transport — Biology and Therapeutics" on December 13, and the second is on the "Case Histories of Drug Design" on December 14. Further details available from BACR Secretariat, tel: 071-581 8333.

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Following the retirement of the former Chief Administrative Pharmaceutical Officer and the planned further integration in Gwent of all primary and secondary healthcare services, Health Care Gwent (as sponsors of this post) are looking for a senior pharmacist with professional, managerial and pharmacy practice research skills, gained in the hospital, community and academic sectors of the profession. The initial contract will be for a three year period and the appointment will be within the University, although it is anticipated that the Appointee's time will be divided 15:85 between the Welsh School of Pharmacy and Health Care Gwent, the latter being based at the Authority's headquarters in Pontypool, where the main role will be as the commissioning agent for all pharmaceutical services in Gwent. This work will be co-ordinated with a major pharmacy practice research programme in the Welsh School, where it is expected that special attention will be given to the changing and widening base of pharmaceutical care over the next decade.

Salary will be in the professional range (current minimum: £33,000 p.a.) and will be superannuated. It is intended that the post be filled without delay, and interviews will be conducted in the early new year. Informal enquiries may be directed to Professor P.S.J. Spencer (0222 874781), whilst a full job description and application forms may be obtained from the Personnel Director (0222 874897), University of Wales College, Cardiff CF1 3AT. Closing date for the receipt of completed applications is Monday, 13th December, 1993.

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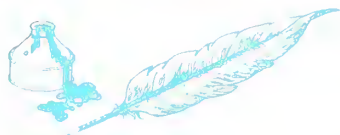
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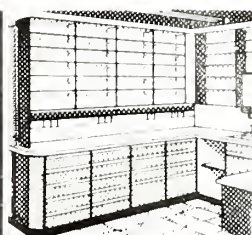
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WIMBLEDON - TEN MILE RADIUS - Experienced locum pharmacist available for one or two regular days per week. Tel: 081-543 2609.

EXPERIENCED MATURE LOCUM AVAILABLE - Will travel if accommodation provided. Tel: 071-739 4826.

EAST MANCHESTER - Experienced locum available for regular odd days. Tel: 061-303 1533.

WANTED

PHENOBARBITONE 100MG TABLETS - Any quantity. Tel: 031-663 8353.

ZOLADEX INJ - Sandimmun caps, pharmacist who phoned previously with excess stock of above please phone again. Tel: 0708 524015.

2 X GAMMABULIN 2ML INJECTIONS. Tel: 051-525 1003.

COLOSTONY PRODUCTS - Convatec S271, S353, S301, S240, S320, Coloplast MC2002 6742, 6642, Biotrol Elite 32830. Tel: 0708 524015.

TABLET COUNTER - In good condition. Tel: 0226 207020.

SHORT OR OUTDATED 35MM OR 100 PROCESSABLE COLOUR FILMS - Advise make and quality (any) for cash offer by return. Tel: 081-427 1454.

SANDIMMUN ORAL SOL - Sandimmun 50mg, 100mg caps, Zoladex inj, Triptafen tabs. Tel: 081-204 2412.

HYPON TABLETS - Tel: 0273 682618.

EXCESS STOCK

ZANTAC SYRUP 25% - Estracyt caps 25%, Natrilix (U.K.) 60s £7.30, Ventolin resp soln 30%, Disalcid caps, plus others. Tel: 0234 354090.

TRADE LESS 30%+VAT+POSTAGE - 2x500ml Salazopyrin oral suspn (exp 10/94), BM-Test-BG, Convatec 38mm. Tel: 081-886 2561.

TRADE LESS 50% - Spironolactone 50mg/5ml, RP Drugs, Loron 40mg trade less 40%, plus others. Tel: 0482 54260.

TRADE LESS 30%+VAT - Neostigmine amps, 1x10 Serenace 20mg amps, 1x10 Parvolex, 8x4 Stesolid 10mg, 2x4 Stesolid 5mg, 1x10 Fragmin 2500mg, 1 Aredia dry powder 15mg. Tel: 0202 574386.

TRADE LESS 30%+VAT - 184 Trandate 50 (exp 3/94), 28 Sacadrex (exp 4/94), 112 Lederfen 450, 168 Sactal 100mg, 486 Cogentin, 100 Mono-Cedocard 20, 178 Serenace 5mg. Tel: 0903 784878.

TRADE LESS 20%+VAT - 56 Sactal 400mg tabs, 100mg Nizoral susp (exp 2/94), 10mg Hypurin, PZ Insulin, 40 Stemetil 25mg supp (exp 3/94), 35% less trade Pulmadil inhaler (exp 12/93), 2 Alomide eye drops. Tel: 0792 892308.

TRADE LESS 30%+VAT - Ditropan 5mg. Tel: 081-520 5820.

TRADE LESS 30%+VAT+POSTAGE - 3x100 Aldactone 25mg, 3x100 Aldactone 50mg, 4x28 Co-Betaloc. Tel: 0295 272432.

TRADE LESS 15%+VAT+POSTAGE - Well dated stock of Hydrea Immunovir Megace 40mg, Provera 5, 100 & 200mg, Orudis, Salazopyrin, Cafegot supps, Ketovite, Lanoxin PG liquid. Tel: 051-228 4519.

TRADE LESS 50% - 12x10x1ml Papaverine sulphate inj 40mg/ml Martindale (exp 8/94). Tel: 071-254 2696.

TRADE LESS 20% - 3x6 Imigran tabs. Tel: 0480 214355.

TRADE LESS 50% - 20x50 Klorief tab, Uro-Tamer sol R, 42 Betaloc SA. Tel: 081-204 2412.

TRADE LESS 30%+VAT+POSTAGE - 10 Zofran 8mg tabs (exp 12/94), 99 Drogenil tabs 250mg (exp 4/96), 66 Loron caps (exp 5/94), 400 Aldactone 100mg (exp 11/97). Tel: 091-252 0253.

TRADE LESS 50% - 40x2ml Fresenius NaCl, amps Recormon 1000 & 2000, 3x56 Univer 180 (all long dates). Tel: 0273 682618.

TRADE LESS 25%+VAT+POSTAGE - 1-x2x20g Iodosorb ointment (exp 6/94), 10x50 Ossopan 800 tabs (exp 12/94), 10x100 Benoral 750mg tabs (exp 12/94).

30x28 Kalspare tabs (exp 8/94), 10x112 Alupent 20mg tabs (exp 4/94), 10x56 Stromba tabs (exp 7/94). Tel: 0582 712708.

TRADE LESS 50%+VAT+POSTAGE - Coloplast No. 6742, 6541, Simcare protective wipes, Welland bags FSC732m FSC932. Tel: 0702 297790.

TRADE LESS 50%+VAT - Relifex 500mg tabs 2x100 (exp 3/94). Tel: 0274 599576.

TRADE LESS 30%+VAT+POSTAGE - 6x500 Pancrease HL caps (exp 10/94). Tel: 0753 692480.

IMPORTANT

Because demand for free "Business Link" entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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First names

Address

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Personal RPSGB Registration number

Telephone number

Proposed advertisement copy (maximum 30 words)

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To be included under section Heading

Signed Date

Aboutpeople

One-stop patient care

Sheffield pharmacists Nick and Kim Mason officially opened their relocated pharmacy last week, at the same time as the Belgrave Medical Centre with whom they share a building.

The pharmacy was previously sited 300 yards away on a busy main road directly opposite the doctors' surgery. When they heard that the practice was intending to move to a purpose-built surgery, the Masons suggested to the doctors that the pharmacy move with them.

To do this they highlighted the disadvantages faced by the practice if the pharmacy did not relocate. The Masons operated a repeat prescription collection and delivery service and domiciliary visits on housebound patients to check on their wellbeing, services the practice was unhappy about losing.

Already this has proved to be a successful as, since they opened for business three weeks ago, the Masons have seen a 5 per cent increase in their NHS trade. Mr Mason runs this branch while Mrs Mason runs their other pharmacy in another part of Sheffield.

"It means one-stop patient care," says Mr Mason, where patients can pick up their prescription straight after visiting their GP. There are plans to develop Mr Mason's role with discussions underway about helping to produce a formulary and getting involved in the running of clinics.

Sign up for the Schering Award

The College of Pharmacy Practice is inviting applications for the 1993 Schering Award. It is made annually by the College in recognition of an outstanding contribution to pharmacy practice.

Nominations are made in confidence and should be in by December 31. For details contact The Administrator, The College of Pharmacy Practice, University of Warwick Science Park, Barclays Venture Centre, Sir William Lyons Road, Coventry CV4 7EZ.

Football fan recalls 1962-63 season

Although Cornish pharmacist Graham Brack was only seven years old at the time, he remembers the 1962-63 football season vividly. His is one of 13 accounts of a favourite season which have been collected in a new book *My Favourite Year*, published in association with the magazine *When Saturday Comes*.

The 1962-63 football season was the year of "The Big Freeze" when no matches were played for months because of the weather conditions and the Cup Final was put back.

"The snow fell on Boxing Day and was still on the ground in March," he writes.

At the time, Graham was living in Sidcup, quite close to the

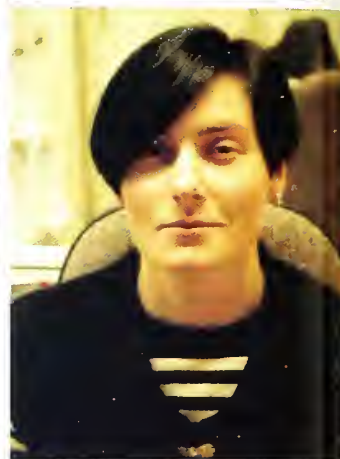
Charlton Athletic ground, where the conditions were particularly bad. "I think they managed to play a few games down in Brighton and some other parts of the country."

Mr Brack, who now works as a community pharmacist in Truro, contributes to *When Saturday Comes* and edited the company newspaper at Glaxo when he worked there from 1980-85 as a medical information pharmacist.

Working on Saturdays restricts Mr Brack's football supporting to "an occasional dash to Plymouth", and his own footballing to some five-a-side games.

• *My Favourite Year* is published by Witherby at £9.99.

APPOINTMENTS



New Technical Editor for C&D

Maria Murray MRPharmS has been appointed Technical Editor of *Chemist & Druggist*. Maria joined the staff in May 1992 as a reporter and assumed responsibility for technical reporting and *Pharmacy Update* in February 1993.

Maria graduated from Trinity College, Dublin, in 1988, worked as a preregistration student in a community pharmacy, and registered with the Pharmaceutical Society of Ireland in 1989. After registration she worked as a community pharmacist in Dublin before moving to London in 1990.

Maria worked as a medical writer with a medical publishing company in London for a year before moving to C&D.

Marianne Mac Donald is the latest recruit to the C&D team. One of the last pharmacy graduates from Heriot-Watt University, she completed a split hospital/community preregistration before undertaking locum work. Before joining C&D she managed a small pharmacy in East Lothian.

Sarah Looker has joined Cuxson Gerrard as assistant marketing manager. She will be responsible for co-formulating and supporting the sales and marketing of the Cuxson Gerrard range of footcare products, the Protex Respirator brand and first aid kits.



The East of Scotland team won the 1994 Rennie Trophy in the Numark Golf Tournament, held this year at The Belfry. The youngest pharmacist ever to compete in the tournament, Roger Dye, won the individual trophy; longest drive was won by Roger Winson; and nearest the pin prize was won by Tony Leach. Pictured (l to r): Numark md Terry Norris, Andrew Wood from Beaulieu, Norscot's Ronnie Brownhill, Keith Clarke from Edinburgh, Don Meekison from Dundee, and Roche Nicholas's Alan Main



Thanks to the efforts of the Northern Ireland Fire Brigade, pharmacist Billy Barnes and AAH, asthmatics in Cookstown and the surrounding districts will now have access to 60 nebulisers. The fire brigade raised the money through a street collection, and then approached Mr Barnes to decide the best use of the funds. Pictured are Desmond O'Neill, sub-officer in charge of Cookstown Fire Station, with Edwin Bleakley (left), branch manager of Belfast AAH, and Mr Barnes (right)

the face of the '90s

THE BENN BEAUTY & PERSONAL CARE REPORT

The definitive report on fragrances, cosmetics and toiletries markets from the publishers of Beauty Counter, Chemist & Druggist, Community Pharmacy and Pharmacy Today.

Benn Publications is the UK's number one publisher in the health & beauty field, with a range of titles that form the industry's most important source of news and information. Benn is now focussing its unrivalled industry insight, contacts and databank of research to produce the most comprehensive and authoritative report available on the beauty and personal care market today.

Now more than ever before, you need a complete picture of the total market. Even during the depths of recession, innovative new products and campaigns opened up lucrative growth sectors. And as 1993 progresses, it is increasingly likely that recovery will offer major rewards to the players who get it right.

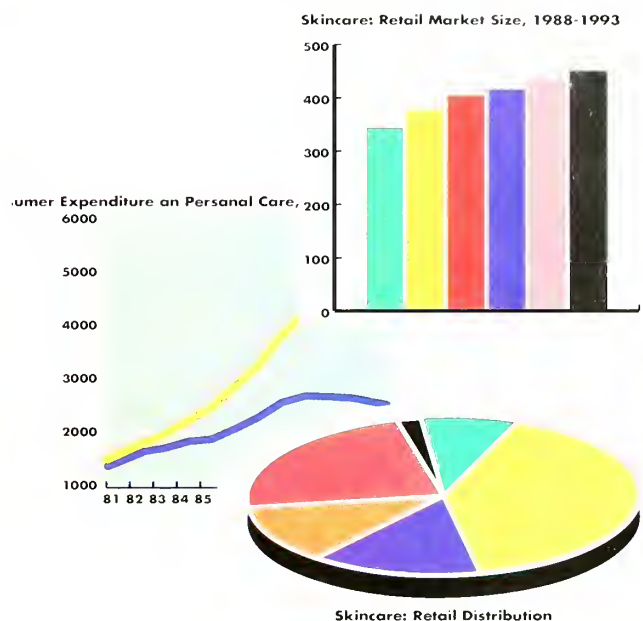
The Benn Report provides the complete market picture. It looks at the issues affecting the whole industry, from evolving attitudes to animal testing, the environment and health, to changes in UK shopping habits, households and demographics. Detailed market sector reviews highlight the growth of multifunction products, cosmeceuticals and other emerging concepts, the impact of new distribution patterns and retailers' private labels -- plus all the key background market data.

THE REPORT FEATURES :

- Analysis of total industry performance.
- Analysis of all individual product sectors, covering: market size trends; market segmentation; leading brands and manufacturers; advertising and promotion; the detailed Benn Price Index; and retail distribution.
- Review of company strategy and financial performance for all leading manufacturers, distributors and retailers.
- Specially commissioned depth interviews with key industry executives.
- Top line findings from the Benn Pharmacy Survey
- European market trends and opportunities.

Product Sector Coverage:

Women's Fragrances • Skincare • Colour Cosmetics
Suncare • Bath & Shower Products • Male Toiletries
Personal Hygiene • Oral Hygiene • Baby Toiletries
Summary of Related Market Sectors



The **Benn Beauty & Personal Care Report** will be over 350 pages long, with text, tables and graphics. It will be published in December priced £375 but a special pre-publication price of £325 is available now to readers of *Chemist & Druggist*. To order at this special price, or for more details send back the form below or call Benn Pharmacy Sales on:

0732-364422

The Benn Beauty & Personal Care Market Report. The one essential reference work for marketing in the beauty and toiletries industry. Please return to:

The Benn Beauty & Personal Care Report,
Benn Publications, Sovereign Way, Tonbridge,
Kent TN9 1RW.

Please invoice me for 1 copy at the special price of £325 or
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KEEP ACID
WHERE IT
WORKS
NOT
WHERE IT
HURTS



If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause *damage* to the oesophagus.

Gaviskon protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviskon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.*

Relieve the pain and reduce the damage caused by heartburn. Recommend Gaviskon.

GAVISCON®
Keeps acid where it works
not where it hurts

Prescribing Information. Active Ingredients: Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviskon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Gaviskon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviskon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviskon Liquid: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gaviskon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviskon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviskon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviskon, 44/0103 Gaviskon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danison Lane, Hull HU8 7DS. **GAVISCON®** and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference I:** Chevrel B. (1980) *J. Int. Med. Res.* 8: 300-302.

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